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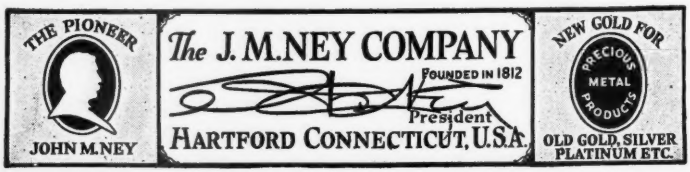

THE
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Vol. XXIX SEPTEMBER, 1923 No. 9

Classification of the Dental Schools of the United States by the Dental Educational Council of America

The Dental Educational Council of America through its secretary, Dr. Albert L. Midgley, of Providence, R. I., issued the following statement August 3, 1923:

The course of study for a Degree in Dentistry in the United States will be lengthened from four years to five. All the Dental Schools will be brought to a higher standard of excellence, especially in medico-dental subjects. Hereafter in the preservation of the general health of the individual, there will be closer co-operation between the physician and the dentist. These results will follow a survey and classification of Dental Schools recently completed by the Dental Educational Council of America.

Great changes are taking place in Dental Education owing to recent discoveries of the intimate connection between the condition of the teeth and general health. It has been clearly shown that decayed and abscessed teeth often cause heart disease, rheumatism, neuritis, eczema, mental disorders and other serious diseases. So important has the relation between sound teeth and good health become that it is necessary now to raise educational standards in order to prepare students properly to meet the public needs and to maintain the position of world-wide supremacy that American Dentistry has always held.

The rapid forward trend in Dental Education is shown by the fact that many privately owned schools have become recently organic parts of Universities. There is no doubt that the few remaining schools of this type will take the same course in the near future.

A prescribed minimum standard for Dental Schools is fixed by the Council, and all existing institutions have been classified in accordance with this standard. Two classes, "A" and "B," are allowed for schools whose curriculum, teaching staff, equipment and methods are considered high enough to justify the expectation that their graduates can pass the examinations prescribed by State Dental Examining Boards and will become effective Registered Dentists. Schools placed in class "C" by the Council are believed to need such thorough reorganization that the Council will recommend to the various State Dental Examin-

ing Boards that their graduates be barred from registration pending action by the officials of the schools so classified to bring their institutions up to the minimum standard set by the Educational Council.

The Dental Educational Council of America, representing the entire Dental profession, all the Dental Schools and all the State Dental Examining Boards, issues the following classification of Dental Schools in order that the public may be better informed and protected, and the student seeking a dental education better guided and directed.

Class A

University of Southern California, College of Dentistry, Los Angeles, Calif.

Chicago College of Dental Surgery, Chicago, Ill.

Northwestern University Dental School, Chicago, Ill.

University of Illinois, College of Dentistry, Chicago, Ill.

State University of Iowa, College of Dentistry, Iowa City, Iowa.

University of Louisville, College of Dentistry, Louisville, Ky.

Harvard University Dental School, Boston, Mass.

Tufts College Dental School, Boston, Mass.

University of Michigan, College of Dental Surgery, Ann Arbor, Mich.

University of Minnesota, College of Dentistry, Minneapolis, Minn.

St. Louis University School of Dentistry, St. Louis, Mo.

Washington University School of Dentistry, St. Louis, Mo.

Creighton University, College of Dentistry, Omaha, Nebraska.

University of Buffalo, College of Dentistry, Buffalo, N. Y.

Western Reserve University Dental School, Cleveland, Ohio.

Thomas W. Evans Museum and Dental Institute School of Dentistry, University of Pennsylvania, Philadelphia, Pa.

University of Pittsburgh, School of Dentistry, Pittsburgh, Pa.

Vanderbilt University, School of Dentistry, Nashville, Tenn.

Baylor University, College of Dentistry, Dallas, Texas.

Marquette University, College of Dentistry, Milwaukee, Wis.

Class B

University of Denver, School of Dentistry, Denver, Colo.

Georgetown University, Dental Department, Washington, D. C.

Howard University Dental College, Washington, D. C.

Atlanta-Southern Dental College, Atlanta, Ga.

Loyola University, School of Dentistry, New Orleans, La.

Tulane University of Louisiana, School of Dentistry, New Orleans, La.

University of Maryland, School of Dentistry, Baltimore, Md.

Kansas City-Western Dental College, Kansas City, Mo.

University of Nebraska, College of Dentistry, Lincoln, Neb.
Ohio State University, College of Dentistry, Columbus, Ohio.
North Pacific College of Dentistry, Portland, Oregon.
Temple University Dental School, Philadelphia, Pa.
Meharry Dental College, Nashville, Tenn.
University of Tennessee, College of Dentistry, Memphis, Tenn.
Medical College of Virginia, School of Dentistry, Richmond, Va.

CLASS C

Cincinnati College of Dental Surgery, Cincinnati, Ohio.
Texas Dental College, Houston, Texas.
University of West Tennessee, Dental Department, Memphis, Tenn.

CLASSIFICATION POSTPONED

University of California, Dental Department, San Francisco, Calif.
College of Physicians and Surgeons of San Francisco, San Francisco, Calif.
Indiana Dental College, Indianapolis, Ind.
Columbia University School of Dentistry, New York, N. Y.
New York College of Dentistry, New York, N. Y.
Ohio College of Dental Surgery, Cincinnati, Ohio.

The Toothbrush

By L. L. Baker, D.D.S., Eugene, Oregon

I desire to set forth some very important facts, which, to my mind, are worthy of consideration about the toothbrush, an article common to all and not limited to the dental profession.

It is not uncommon for patients to ask questions concerning toothbrush and dentifrices. To illustrate, I will first answer a few of the questions which are so often asked me. "What kind of toothbrush and dentifrice do you recommend?" In order to avoid lengthy explanations when busy I usually give the name of an advertised brush. "Why that one?" For one reason it is sterilized and put in a clean box at the factory. Then I am asked, "What kind do *you* use?" "None." This answer brings a look of astonishment and right here it is up to me to make explanations, or immediately there arises the suspicion of uncleanliness on my part. The patient, or individual, will then ask, "Can you keep your mouth clean without using a brush?" I reply most emphatically that I can. Then in turn I ask, "Can you keep your mouth clean by using one?"

I claim the toothbrush is the most unsanitary instrument used for cleaning the teeth—*unless it be properly sterilized.* How many ever think of sterilizing their toothbrushes? Another question, "Is it necessary to sterilize a toothbrush?" It most certainly is, and I will endeavor to prove to you why I think so. For example, I have never owned or used a toothbrush in my life. I have three small pit fillings placed eighteen years ago by a dentist in Brooklyn, Iowa, and I must confess if ever I thought a filling was placed in a tooth when it was not necessary it was done for me. This is the only dental work ever done for me except the extraction of three sound wisdom teeth for which I had no use. I claim, up to the present moment, to be healthy in every respect, and have absolutely no need for the professional services of a physician or a dentist. But as you may think my case an exceptional one, let me give two or three others. I have a number in mind, but these, I think, are sufficient.

When my wife learned that I did not use a brush she was greatly surprised, thinking, of course, of the impossibility of cleanliness without it. She had had a great deal of dental work done, and the tissues were not so healthy as mine. After a time, from observation of my method of care of my own teeth, she followed my example; and it has been five years or more since she has needed any dental attention, and mouth and tissues are in normal, healthy condition.

A young man, eighteen years old, of Eugene, came to my office on the ninth of May, for the repair of a broken tooth, the result of an accident. This was the first time he had ever been in a dental chair. He has a wonderful set of teeth—no cavities, tissues firm and perfectly healthy. These teeth have never had a toothbrush used on them until very recently, having always been cleaned with a cloth.

Another man of Eugene, over fifty years of age, has one silver filling, put in thirty-five years ago at Fayette, Ohio. At present, he has three small cavities caused by erosion rather than decay. He has never had a toothbrush in his mouth, but always rinses his mouth with cold water and cleans his teeth with a cloth. The tissues are firm and healthy. This man's older daughter uses a brush and her tissues are red and inflamed, has tartar on her teeth and many cavities. Her younger sister has used the brush only recently and has no cavities, tissues normal, healthy, and teeth good. Having illustrated the use and non-use of the brush in the same family, I hope I have proved to some degree that where the brush is used results are far inferior. Now that these cases have been given, it may be of interest to you to know just how the teeth can be cleaned to secure good results always.

Take a bottle of suitable size, say an eight ounce, about one-third full of boracic acid. Fill with pure water, shake well and you will have saturated solution. This solution is a mild antiseptic, and of

no harmful qualities. First, rinse the mouth with cold water, removing all food particles possible in this manner; next, use a flat sterile toothpick and waxed dental floss, removing the adhering food particles from between the teeth. Take a pledget of sterile cotton (I use pieces of cloth which have been thoroughly sterilized for this purpose), saturate with the solution, and clean a portion of the mouth. Repeat this process until every tooth surface has been cleaned. It is well to rinse the mouth with salt water, which acts as a preservative agent. Occasionally use precipitated chalk, which is alkaline in reaction, therefore offering all that is necessary for cleansing a healthy mouth. If you desire you may use a suitable dentifrice. With a little practice you will become quite proficient in this method of cleansing, and to my mind, you will profit in the end. The results will be quite satisfactory without the use of the brush, which I will prove to you is unsanitary, and results are what I am emphasizing. If you have any reason to believe you have salivary or serumal calculus, diseased tissues, etc., consult a good dentist at once.

And now I want to show you just why I say the brush is unsanitary. I know of a few cases where the brush is used every day, and there are no cavities or fillings and tissues are normal, for the mouth is in such perfect condition that the initial infection is eliminated. You have all seen toothbrushes in almost every imaginable place in many homes where they are used. I was, not long ago, in the bath room of an acquaintance and counted twelve brushes uncovered in an old shaving mug, and five others in different parts of the room.

Knowing I was going to write upon this subject, I made special note of these conditions. I could tell you of many like instances, but it is needless to do so. I do not infer that all who use toothbrushes are uncleanly as in the case mentioned above, but it is certain that those particular brushes were unsanitary—in fact, they could almost walk! And all of the family have very badly decayed teeth. Why? I leave this question for you just now. I think, too, that the patient who has diseased tissues, or symptoms of pyorrhea, usually uses extreme precaution and the worse the condition the more the brush is used, which certainly adds to instead of lessening the disease.

Go into any drug store and watch people buying a tooth brush. They very often try the bristles with the fingers before making the purchase. Would you be apt to drink from the public drinking cup as unconsciously as you would use a toothbrush tested in this manner? I will defend the brush in this way, though, that by its use some few will keep the mouth much cleaner and stimulate the tissues with ordinary care and diligence than otherwise, and possibly with better results. Even a soft bristle brush will cause a slight laceration of the gums. When you think of brushing a bacteria-laden brush over these tender

tissues the importance of sterilization becomes obvious. Health authorities and educators through a campaign for better oral hygiene have caused the toothbrush to become universally adopted, but investigation shows that tooth and mouth diseases have increased in almost exact proportion to the use of the brush, because its sterilization has been difficult. Food particles and bacteria lodge in the bristles, also dust and insects add to the contamination of the brush. *Thus an article of hygiene becomes an agent of infection unless it is sterilized.* Use only a *sterile* toothbrush, if any.

From four ideal cases, brushes were taken to the Western Clinical Laboratories, Eugene, from which cultures were made.

Case No. 1. Normal, healthy conditions, little or no decay, tissues healthy. Cultures on agar plate, from brush used in this case, revealed twelve colonies in twenty-four hours, in which were found both staphylococcus aureus and streptococcus.

Case No. 2. Teeth decay very readily. Tissues somewhat unhealthy. Patient has had considerable dental work in the past, and at present. Cultures from the brush, as above, show thirty colonies in twenty-four hours, revealing streptococcus, staphylococcus aureus, and pneumococcus.

Case No. 3. Cultures plated on glucose agar. Findings same as above. Thirty-eight colonies in twenty-four hours.

Case No. 4. Development of sixty-six colonies in eighteen hours. All contain pus-producing organisms.

Illustrated Steps in Crown and Bridge Construction*

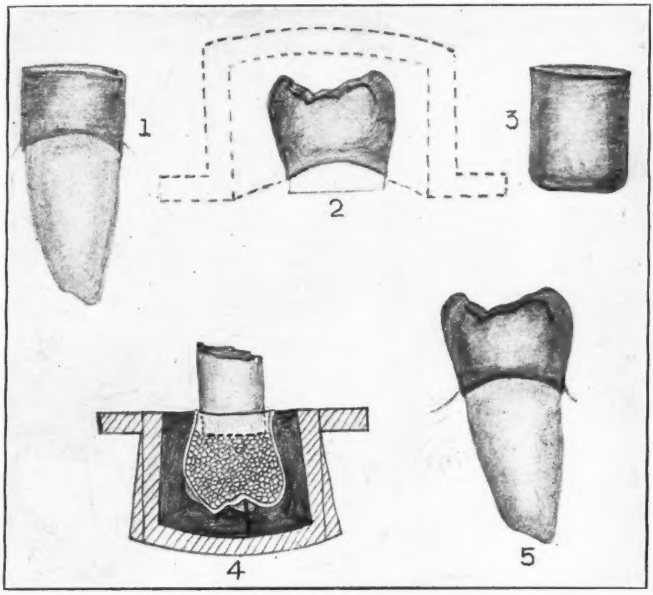
By Anastasis G. Augustin, D.M.D., New York City

Seamless Crown—Bridge's Method

The tooth preparation is similar to the other crowns, slightly conical at the top. A wire measurement taken at the gum-line, a copper band about 31-gauge, selected and fitted to the prepared tooth in the mouth, as in Fig. 1; with band in position take wax bite, and squash bite, and pour models. Carve the cusps in graphite wax, restore contour and contact points of tooth; expose metal band at its cervix to give a tight-fitting crown at the gum-line, as in Fig. 2. This carving and band set in moldine, placed in a metal ring (specially constructed); pour Mellott's metal around it; when cooled take apart, and select a gold shell 22-karat, 30-gauge as in Fig. 3, large enough to fit space vacated by the carved model. Now commence to hammer shots into this shell to reproduce exactly the original crown. Fig. 4 shows the

hammering of the shots. When this step is completed, then reinforce the cusps with 18-karat solder; Fig. 5, crown completed.

This method is employed in posteriors, its advantage over the other



methods being that less gold is used and time saved, but it is not a very close-fitting crown. Sharp cusps and fissures in this crown are not so well attained as in the cast crown, and thickness at the occlusal side is not so certain as in the cast. The majority can make a good crown by the cast method, but it is an expensive way. The qualities of the cast crown are more difficult to attain, either in the seamless or the two-piece crowns.

Technic to Secure Retention of Lower Dentures*

By F. M. Hight, D.D.S., Houston, Texas

The term "retention" as used in current dental literature permits such a wide latitude in interpretation that the writer feels prompted to offer an explanation of his conception of the term. While a successful resistance against the tendency to become dislodged through muscular movements on the part of the patient may properly be termed retention, the writer believes that the term should signify a decided additional resistance to dislodgment through masticatory stress, since in a fair percentage of cases (the percentage depending upon the resiliency of the soft tissue) it is possible to make this feature a highly significant one in the retention of artificial dentures.

One of the first considerations in attempting to secure this retention through proper adaptation of the lower dentures, is an appreciation on the part of the operator of the variations in the structure of the soft tissues both in different mouths and also within a given mouth. At this point it may be well to state that while the writer believes it possible to secure a more nearly perfect retention in a greater number of cases than is found at the present time, there are cases in which this degree of retention is not possible. Since the great majority of patients, as well as operators, realize the desirability of such retention and are very reluctant to forego it, the writer will feel amply repaid if he is able to contribute in the least to reducing the number that some have been inclined to class with the impossible.

The patient is entitled to know before the dentures are constructed approximately the degree of retention that he may rightly expect. The writer makes this assertion because he believes that it is possible to classify the soft structures of the mouth in such a way as to enable him either to assure the patient that he may expect retention of his lower denture or to warn him that he may not expect such retention; this understanding will save both the patient and the operator much disappointment in the months to come. The patient may also be advised with reasonable accuracy the length of time he may expect to maintain this retention. In the experience of the essayist, the patient will maintain retention through a longer period of time if he has received and followed instructions not to wear the dentures during the hours of sleep. This practice permits the tissues of the mouth to regain full tonicity during these hours of rest just as other tissues of the body repair the waste they have undergone during the day. If the patient follows these instructions, the operator is enabled to avail himself of

* Read before National Society Denture Prosthetists, Milwaukee Meeting, 1921.

the resilient tissues of the mouth to very greatly promote retention, otherwise the resiliency gradually disappears and the retention which it provided is lost. Then, too, in the case of any denture, its removal for a while affords rest and relief to the tissues just as the removal of the shoes provides rest for the feet.

On account of the variations in the soft structures of the mouth, the writer believes that ordinarily it is not wise for an operator to restrict himself to a single material for impression-making, but that each operator for the case at hand must employ the material which in his hands yields the best results in securing maximum retention. In making his selection of materials for this purpose, he must take into consideration a classification of the soft structures as to their mobility, resiliency and density. It is obvious that a material with the working qualities of modeling compound must be used in every mouth to secure the outline of the impression; however, it is the belief of your essayist that cases which present areas of marked mobility along the ridge, whether these layers of tissue be heavy or light, indicate the use of plaster in conjunction with modeling compound, which will have the least tendency to displace them. In all other instances, he believes that the use of modeling compound alone is indicated.

With these preliminary observations, the writer wishes to outline the technique which he employs in the making of impressions for lower dentures. He wishes also to suggest that he believes that the technique, as outlined, will enable the majority of operators to secure more desirable results, more easily, and more quickly, with less liability to inaccuracies. The writer's indebtedness to leaders in the profession for every fundamental principle involved in this technique will be so obvious that he feels it hardly necessary to give references as he proceeds.

The first step is to make a snap impression, and in making this the operator should avail himself of as great an area as possible, especially in extending it well up on the Ramus. The next step is to pour up a cast with the use of plaster, which is to serve in the preparation of an individual impression tray. This impression tray provides not only the tray but serves as impression material as well. A tray long enough to reach to the heels is adapted to the case by cutting away the labial and lingual flanges of the anterior portion and flattening it in the bicuspid and molar region. This tray is laid aside, while with the hands a mass of modeling compound is molded to the cast, taking precaution to have it at least one-fourth of an inch in thickness. It is then chilled. The metal tray is now heated over a Bunsen flame and pressed into this block impression which has been made with the hands, in order to serve as a strengthener only. With the use of a sharp knife this block impression is trimmed to approximately the outline

of the finished denture. With the exception of the snap impression all of this work up to the present time has been done in the laboratory, thus leaving the operator free at the chair.

We are now ready for the final impression. The block impression is chilled in ice water and after removing, the excess water is shaken off and with the use of a Tench mouth blowpipe the inner surface is softened to a depth of approximately an eighth of an inch; it is then dipped momentarily into water at a temperature of 140 degrees Fahrenheit, then immediately inserted and pressed into position with the fingers of both hands, the pressure being exerted on both sides as equally as possible. While the pressure is lightly maintained, the mouth is flooded with icewater in order to thoroughly chill the impression before removing. As soon as removed, it is immersed in icewater to continue the chilling process. The excess material is trimmed away and then returned to the mouth to test retention; in many instances the retention at the heels will be insufficient and compound may be added with a tracing stick, then dipped in hot water to temper as before, and inserted with light pressure for the purpose of giving an approximate shape; this is then removed and chilled. The added portion is now heated with the blowpipe, tempered, inserted, being careful to seat the opposite side first but finally equalizing the pressure in the same manner as when making the whole impression; it is then chilled and removed and any excess trimmed off. If necessary, the other heel is corrected in like manner, and a similar procedure is followed at any other point where the seal needs to be strengthened.

We are now ready to trim the impression for muscle action, and the writer does this with a sharp knife, determining the length of the flanges by the height of the tissue attachments, and availing himself throughout of his knowledge of the anatomical structures involved. For this purpose the impression is trimmed a section at a time and then returned to the mouth to make sure that the retention of this section has been maintained, before another section is trimmed. In case it is required any section may be corrected with the use of the tracing stick as we have already indicated.

Should plaster be indicated for the case, we now scrape out the impression of the crest of the ridge and also of movable tissue that has been unduly compressed, and then complete the impression, following a recognized plaster technique.

In conclusion the writer may summarize features of this technique which appeal to him:

(1) This method requires but slight tracing of compound and forms the valve seal by contact of the margin of the denture with the movable tissue.

(2) The laboratory assistant may do some of the work, or the prosthetist may do it at his convenience away from the chair.

(3) The technique is easily acquired since it requires less skill than some other techniques.

(4) The patient is not required to assist in making the impression.

(5) The fingers may be trained to equalize the pressure required in taking the impression as satisfactorily as the pressure is obtained with a closed mouth technique.

(6) Owing to the fact that the outside of the impression is cold at all times, it may more easily be placed in position in the mouth.

Plaster of Paris in Repair of Vulcanite Plates

By Stewart J. Spence, D.D.S., Chattanooga, Tenn.

It is well known that a vulcanite plate which is molded on a plaster of Paris cast, and invested in the same material, is very liable to change shape by its efforts to contract in cooling.

Perhaps it is not so well known that this first contraction is not its last, but that, if revulcanized, it may contract again. My experiments show that vulcanite contraction, if uncontrolled, continues in lessening degree through four or five heatings at 320° F.

This fact makes it important that in repairs of vulcanite the plate be invested in a plaster which does not soften unduly during vulcanization—some one of the hard-setting plasters. Especially is this true if it is a "rush" job as most repairs are, wanted back the same day, thus affording little time for plaster of Paris to harden.

All the slow-setting plasters retain firmness very well during vulcanization, but as they require four or five hours to set, they are ruled out for hurry work.

Of the quick-setting hard plasters those which contain some Portland Cement (which has a sort of affinity for water) best retain their hardness in the vulcanizer.

It is the more important that this investing in hard plaster be done if the plate was originally made on a hard-setting plaster, for in such case it then had no contraction and (if the impression was correct) was a good fit. If such plate is afterwards repaired in plaster of Paris and thereby loses adaptation, results are lamentable.

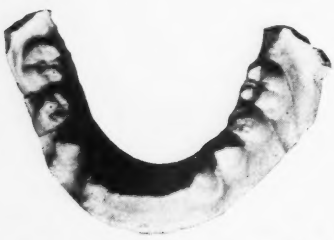
It goes without saying that in all rebasing work, hard-setting plaster must be used for cast and investment.

Those Pesky Six-Year Molars, and What of Them

By H. M. Demarest, D.D.S., Patchogue, N. Y.

I suppose there is more contention and wavering as to the advisability of preserving the first permanent or six-year molars than arises regarding any of the other teeth. From such observation and thought and the experience of twenty years in general practice, if asked the pointblank question, I would say positively that every six-year molar broken down to the extent of nerve involvement, whether from shock or decay, should be extracted at once. Patients are always given this advice regarding their children's teeth, yet once in a while we find one who insists that such a tooth be saved at all hazards and time and cost because it is a "second tooth."

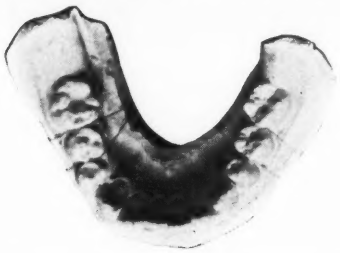
A child, nine years old, was brought in recently by its mother to see what advice I could give about a lower left six-year molar which another dentist, in a nearby village, claimed he could save for $10.00. It was one of those wide open cases and had a history of swelling, etc., as could never have been cured through a root canal. This type of case is one in which there is absolutely no excuse for retention and, in the writer's opinion, the dentist who so advises should be stricken from the roll.



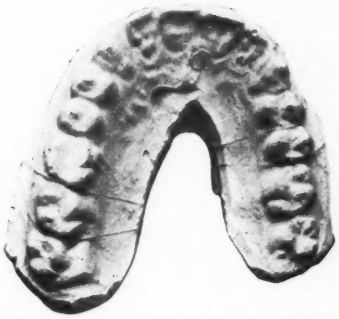
Age 14 years. Lower six-year molars removed before the 10th year. Good alignment on the left, spaced bicuspid on the right.

Upper six-year molar roots were recently removed. Space will always remain.

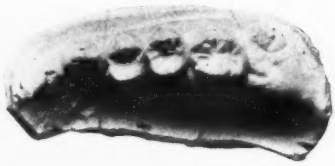
Above are pictures of lower right and left of a girl fourteen years old. Note the good alignment on the left and the (spaced) bicuspids on the right. Six-year molars were removed six years ago. I have just removed the upper right and left six-year molar for this patient and, although it is rather late to expect much as to elimination of space, I feel confident that the upper wisdom teeth "ride in" with less



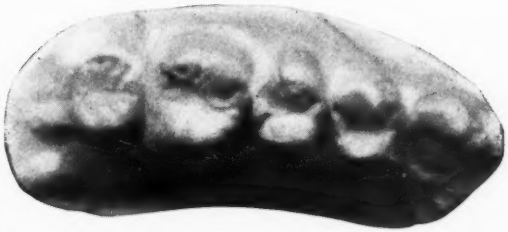
Age 16 years. Six-year molar removed early.



Age 23 years. Both upper wisdom teeth erupted. Left six-year molar extracted 13 years ago. Note alignment.



Age 20 years. Good alignment. Wisdom tooth erupting. Six-year molar extracted before 10th year.



Shows three bicuspids, good alignment after early removal of first permanent molar.

trouble and in better condition. Nature seems to compensate—regulate herself somewhat in the course of the life of civilization.

In this office we have many models showing very pleasing conditions due to various causes in the outcome of early extraction of six-year molars. We all know that the human jaw in most cases is not developed enough to allow for the eruption of wisdom teeth as nature intended. May I quote Dr. Emil Specht of Brooklyn? "The third molar may or may not be impacted. Unfortunately that beautiful chronic infection at the apices of the lower first molar is often disclosed

only when the third molar is radiographed for inspection. What are we to do then, extract both the first and third molars? Would it not have been better if the first molar had been sacrificed at the age of twelve, provided a radiograph showed the germ of a third molar to come so that the second molar might occupy the space of the first molar and the impaction of the third molar might be relieved?" To remove a healthy six-year molar to favor the eruption of a well formed third molar is not my argument, but to operate and try to save a decayed six-year molar in which root canal work is necessary is a huge mistake. In eighty per cent of the cases so handled a too late removal is necessary. Six-year molars are pests. They cause more discomforts to the patient and more to the profession than any other tooth in the arch.

Dr. Isaac B. Davenport published a paper in 1887, "The Significance of the Natural Form and Arrangement of Dental Arches in Man," which had at that time an important influence on the pernicious extraction of the first permanent molars. But the arch has been gradually diminishing in size due to various causes, such as inheritance, premature extractions, insufficient mastication and a diet of soft pasty foods that need no effort on the part of the hard and soft tissues.

Thirty-five years after I find myself (and I am sure there are many others) advocating the extraction of the first permanent molar at the psychological moment. That moment is when said tooth pulp ceases to be normal between the time of eruption and the tenth year!

To or Not To

By Michael Peyser, D.D.S., Queens Village, L. I., N. Y.

This counter-revolution of ours, viz., the revival of root canal therapy by the bitter-end opponents of the 100% Club, will cause the general practitioner to weep and rave with both joy and anger. We are all going to go through again a long, bitter wrangle in which neither side will give quarter and in which neither side will use sense.

The man who honestly and sincerely practices root canal therapy will get good results on the whole, at least in his opinion and in the opinion of some who are qualified to judge. In his enthusiasm, elation and pride he will broadcast throughout the world his unqualified endorsement of root canal work. He will give statistics, show hundreds of x-rays and cite cases innumerable to prove his contention—all very convincing; and many a man will pick up his phone, call the dental depot and order a gross of broaches.

But, with the next issue of the dental journal or at the very next meeting of the dental society, one of our sarcastic members of the 100% Club will offer evidence that it is all wrong, all too wrong. He will also show x-rays galore, quote hospital case after hospital case, call upon our medical friends to corroborate and finally wind up by getting statistics from the coroner and the Board of Health.

The sensible practitioner will not get up his blood pressure. He will be inclined to let both sides fight it out, hoping that perhaps out of all this potpourri of technique, biochemistry, pathology, histology, anatomy, bacteriology, physiology and their attendant relationships to either the conservation or exfoliation of teeth, there will emerge some axiomatic thought, a something definite, a sort of standardized method of determining what the author would call "To do or not to do." There is no doubt at all in the writer's mind that there is truth to be found on both sides. We have been wrong in one respect only: we have been overenthusiastic in advocating one side or the other.

Previous to the time when the focal infection theory burst into our midst we certainly did overdo root canal work. Then we did an "about face" and extractions were overdone. The pendulum is swinging back again, but this time it can not swing all the way. It must stop at dead centre; we must meet on common ground. We can not divide into two schools or we shall destroy our greatest asset: *the confidence of the public in the dental profession.* Let me say here that the public today has more respect for us than for our medical brothers. Why? Simply because we have been definite in our work. A dentist tells his patient that he will accomplish so-and-so; and ninety-nine times out of a hundred he will do as he promises, if he is sincere and competent. This great, commanding position which is now enjoyed by the dental

profession must not be relinquished, because there are scientific minds in our midst who will insist upon throwing up smoke screens of bigoted and fanatic thought which, coming from the two sides of the subject, befog the issue to both ourselves and our patients.

However, there are some, even-tempered, who have tried to get the truth from both sides and from these facts they have attempted to inaugurate a standardized method of determining when to conserve and when to extract. They have laid down rules of age. They have advised systemic examination coupled with tests for this and that. The blood tests and other test advocates would have their patients scurrying from one laboratory to another. Others have said, "Use the x-ray and use your judgment." None has attempted to lay down a definite technique.

The average dentist seeks something definite because he knows only too well that nothing can be universally applied without using good judgment, and that if he starts out with a long, complicated hypothesis, his own good sense will avail him nothing. If some of these middle-grounders' suggestions were carried out, we should have to get millionaires for our patients, and I think that even they would balk at the discomfort and at the expenditure of both time and money.

A few simple rules must be formulated, something definite to start with, something on which the dentist can work and form a definite conclusion. The conclusion may eventually prove wrong in many cases, but we will benefit by our errors and improve our technique as we have in other fields.

The author suggests that the following steps be taken in order to determine *when* to extract and *when not* to extract.

I. Examine the mouth.
   (a) Clinically.
   (b) X-ray.
   (c) Vitality tests.
   (d) History.
   (e) Cooperation of physician in systemic disturbance.

II. Relieve any pain without extracting.

III. Extract.
   (a) All teeth that have apical infection in conjunction with pericemental infection.
   (b) All pulpless teeth in which you think it will be impossible to have the canals cleansed and filled properly.

IV. Relieve traumatic occlusion.
   (a) Remove all other causes for trauma, such as ill-fitting crowns, overhanging margins of fillings, impinging clasps, etc.

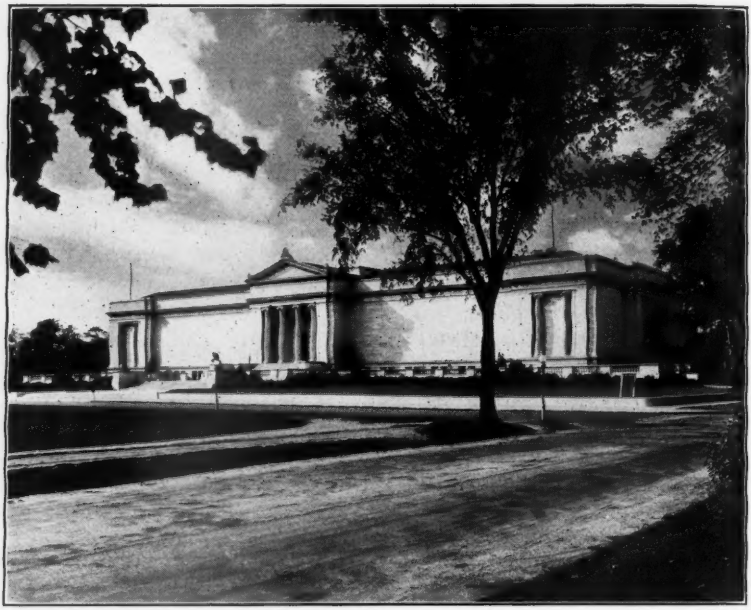
V. Scale and clean the teeth.
VI. Fill all simple cavities.
VII. Remove all pericemental infection, either by flap operation or by older method.
VIII. X-ray check this operation. If you find more than two-thirds of the bony support of any tooth gone, extract it.
IX. Begin preparation on all cavities that you suspect will come close to, or expose, the pulp.
X. Devitalize all freshly exposed pulps which you have failed to cap successfully or which you think should not be capped.
XI. Fill canals of these teeth and check with x-ray. Remove filling and recheck with x-ray all canals on which you have failed.
XII. Remove pulps, sterilize, ionize, and fill canals of all abscessed single-rooted teeth. Complete these operations with apicoectomies. Check with x-ray.
XIII. X-ray recheck for your first series of root canal operations (IX).
XIV. Remove pulp, sterilize, ionize, and fill canals of remaining abscessed teeth. Check with x-ray.
XV. Extract all the teeth of your second series of root canal operations (XIII) that have failed to show improvement. Retreat and refill those that have improved but which have not cleared up entirely.
XVI. X-ray recheck your first series of root canal operations (IX) and extract any that show infection.
XVII. X-ray recheck second series of root canal operations and extract those teeth that have failed to show a further improvement on retreating and refilling.
XVIII. Proceed with your restoration work.

Eighteen steps, but they take care of the most complicated and hard-to-judge case. In ordinary cases half of these steps will be eliminated.

The reader will note the following:

1. That all teeth are given a chance.
2. That a definite rule is given as to when to extract
   (a) Certain classes of apically infected teeth.
   (b) Certain classes of pericementally infected teeth.
3. That conservation is advocated by the newer technique of periodontoclasia and minor oral surgery.
4. That an attempt is made to clear up infected teeth in two distinct trials.

Interesting Places to See While in Cleveland



Museum of Art, Cleveland.

University Circle, Cleveland.

The Road to Health and Happiness

By —— ——

(Name of writer known to Editor but withheld)

A little experience of mine last winter taught me just how much it means to me to get out in the open. It happened in this way. I had been very busy for several hours with household tasks and was just getting ready to sit down to read or sew when I was suddenly overwhelmed with the thought that everything in the house looked perfectly dreadful. Why, there wasn't a thing in it I liked or wanted to have around me! I was positive that every other woman in town had things better and nicer than I. Oh, how abused I did feel!

When a woman gets in such a state of mind, we know that home is not a very comfortable place for a husband. No, indeed! He must either crawl into his shell and stay there until the clouds roll by or make things worse by saying, "I am doing the best I can. Why, compared with other men . . ."

Now it happened that this particular day which found me so out of sorts was a bitter cold one with a raw wind blowing, the kind of day that people call freezing cold and when they feel they must stay indoors. When small son got home from school he said, "Going to be forty below and then some, I guess."

"And I am going for a walk," I informed him. "Want to go along?"

Together we started off bundled up like Eskimos and found ourselves alone on the streets. We left the town behind us and followed a path through a piece of woodland. We saw rabbit tracks but no rabbits, but we did see a partridge at the foot of a tree. We circled around to the city park where we saw deer and an elk that had just been brought to town. Then after a very interesting talk with the caretaker we went home.

It was almost supper-time when I opened the front door. Lo, what a change! Why, my home looked nice and comfortable, a place that invited me to stay and enjoy myself! A walk in the open had changed my whole perspective. And if I had time and space, I might tell of the absorbing conversation at supper about partridges and how the farmers were feeding them because of the long spell of deep snow. That walk not only helped me but it made the home atmosphere different from what it would have been if I had stayed in all day.

My husband and I both love the open. I feel quite sure that no two people traveling the ordinary walks of life have had any more varied experiences that we have had on trips and hikes. We have crossed lakes and followed rivers for days in a motor boat; we have walked over acres and acres of forest looking for wild fruits and flowers; we have been lost at night in an Indian Reservation and have

met a new kind of road hog, one who hugged the mountain on a narrow road when he should have taken the outside when passing us. And just last Sunday we got lost and stuck in the mud without chains, spade or ax. Not only did I learn that my husband had a larger vocabulary than I supposed, but from the man who helped us on our way I learned about a creek that is so full of fish that there is bound to be an overflow if some are not removed. And I am going to add right here that I think I am a better fisherman than my husband for the simple reason that I am more patient, even though the only quid I indulge in is gum. Queer how a nice, spick-and-span dentist can deteriorate in his tobacco habits when out in the open! When my husband looks as if he hadn't had a shave for a month and one cheek is distended with a curious bulge, he is sure to yell out, "This is the life. Don't care if I never see an office again."

And, for fear people may have a wrong conception of me, I might say that only this week I went to an "At Home" so dolled up that my daughter said, "Believe me, mother, the rest will have to go some to beat you." I tell this so that it will be understood that we are very conventional and staid people when the time and place demand it.

Just this week I said to a tired, nervous and irritable woman, "You should get out of doors more and forget your house and everything in it."

"Yes. And what about the baby? Leave him alone with the maid and let him cry while she sleeps, I suppose."

"Take him along," I advised.

"I see *you* taking a baby out on a picnic."

But that is just what I did do with my babies. Only once did I ever leave one of them behind and that was when I went hunting with a party of people. Both my husband and I thought the trip was rather spoiled because the baby was not along. The babies were always good-natured and never suffered any ill effects except once when one of them got poison ivy through my carelessness. I made them comfortable in clothes baskets and used plenty of mosquito netting. We always found a car to be a fine nursemaid. And I certainly was much better and happier than if I had stayed at home and worked or fretted about things.

My daughter when four years old could name all the trees in our part of the country. We had named them to her, never dreaming that she was retaining so much until our attention was called to the fact by a friend. She now has Commerce and Industry in High School. She tells me the subject is of vast interest to her because of what she has seen and learned on her trips.

We have never taken many long trips but we have taken hundreds of short ones. We enjoy eating out of doors in secluded spots and

away from people as much as possible. I have neighbors who will not picnic because they think it means too much work. One woman just told me that she is frazzled and cross when she is through with her preparations for a picnic lunch.

I believe that we have the preparing of a picnic lunch down to a science. Often my husband will call up during the summer and say something like this: "It is so hot down here that I am about cooked. What do you say if we clear out?"

"Suits me," is about what I answer back.

"All right then. Get the lunch ready and I will hustle around and get some more gas. If you need anything, call me. Be sure and have plenty."

Now, to fuss over a picnic lunch is nerve-racking, to say the least, and to fuss over equipment is distracting. Our equipment is composed of thermos bottles, a steel one for the children so we never have to fuss about it breaking, paper plates and napkins, one skillet and a coffee pail. We dine in as primitive manner as possible and still eat well.

Here is my hurry-up lunch: bacon, eggs, milk, bread, butter, fruit and cookies. We have coffee if desired. I take a loaf of bread along and while my husband fries the bacon and eggs, I cut the bread and butter it. When ready, we serve the whole as sandwiches on the paper plates. Men always want to cook in the open. A friend of ours who will not do a tap of work around his home always insists upon being "chief cook and bottle washer" on a picnic. And while he works he raises his voice in song and what he lacks in tune he makes up in volume. His wife, who is a musician, thinks it fine but has confided to me that if he did it at home she would go wild.

Back to the eats again! Children love to have "wiener" and marshmallow roasts when on a picnic. Consequently, when we go on a picnic, we are supplied with one or both of these things. Another easy lunch to prepare is the same as I mentioned before except that I take hamburger instead of bacon and eggs. I usually take along a generous supply of lettuce, radishes and young onions. They are fine on a picnic, but pies, cakes and salads are tabooed with us. They mean too much work and fuss. As the appetite seems to demand something sweet with the fruit, I take cookies or cup cakes along, things that can be carried in a paper bag. I have learned that I must always take far more food along than if we were going to dine at home. My daughter, whose finicky appetite is a source of worry to me, is the one who eats the most in the open. Things that she will not touch at home she eats with a relish when they come out of a picnic basket.

Once we took a woodsman and his wife out for a picnic supper. I believe now that it was the first of the kind they had ever experi-

enced and they are both past middle age. He asked to cook the supper. We supposed that he knew what he was about and left him to the task. Before we knew it he had built a regular conflagration. The lid of the coffee pail flew off and all the coffee went with it. There were not enough holes in the lid to let out the sudden rise of so much steam. The man had no conception of what a picnic fire should be like. We never build a big fire, but just a small one, and it is all that is necessary. We live in a district where there have been bad forest fires, so we use every precaution against fire. If there happens to be no water near to extinguish it, we use a spade and smother it out with dirt.

Never do we leave a scrap of paper or anything that would form refuse. I have seen many beautiful spots marred by the carelessness of picnic parties. Again we know of certain beautiful wild flowers that are being exterminated in places because thoughtless or selfish people not only pick all they can find but pull them all up by the roots. We always leave plenty to go to seed.

Not long ago I said to my husband that I didn't care much for his wife. "She is too nervous and jumpy to suit me," I informed him.

"She is all right if you get to know her the way I do," he answered.

"What way?" I asked.

"Well, she is a good old scout, always ready to go and never dings about things, that is—barring how I drive."

I liked that compliment even better, I believe, than if he had told me I was getting younger-looking every day. There is no doubt about it, my husband and I are very congenial. I firmly believe that much of our congeniality is based upon our mutual love for the open.

After one of our children was born I was almost a nervous wreck, as there was a long illness following. People thought us rather crazy when we gave up our modern home under such circumstances and went to live in a summer shack where the only modern convenience was a pump that had to be primed every time it was used. What happened was this. Hours and hours at a stretch I lay out on a settee in the sunshine where I could hear the lap-lapping of the lake and not the fussing of the baby, and I grew well and strong.

Four years ago my husband became what he called "all in." We went away on a trip that lasted over a month. He started out afraid almost to touch food because of the suffering he must endure after eating. Before the end of the trip he was calling for double rations and then was not satisfied. He forgot pain and discomfiture and took on so much weight that he looked quite rejuvenated.

Many of our friends think it queer that we do not play golf. I do not think it wise to leave my children to their own devices just now while I play golf. I have urged my husband to play but he declares that he would rather go out with his family.

It does pay for a woman to be a "good old scout" if her husband feels that way about it. Another thing—people think that I am years and years younger than I am. Here is one secret concerning my youthful appearance; I have changed my skin several times. I have had it burned off; the sun did it. I have been so burned after an outing that to go near a cook stove has brought tears of pain to my eyes, so sensitive was I after the burning.

We have transplanted quite a number of things from the woods into our yard. We have ferns, flowers, pine trees, a high-bush cranberry that is now bearing fruit, and vines. We have picked quantities of wild fruit.

This year we are giving special attention to birds and are planning to keep a record of all kinds we see. I saw a bittern the other day for the first time in my life. I do not know when I have been so excited over anything because he was first located, across a small river, through field glasses.

Something specific to see and to do is an incentive to get out in the open!

The Teeth of the Piltdown Man

In a recent issue of the American Journal of Physical Anthropology, Dr. Hrdlicka publishes an important contribution to the study of the phylogeny of man in a paper on the dimensions of the first and second molars, and their bearing on the Piltdown jaw. Dr. Hrdlicka has subjected to a detailed analysis the recorded measurements of these two molars in man, and he has made a careful examination of the material in the U. S. National Museum.

As a result, his conclusions are that the Piltdown molars are longer and have a lower index than any group of modern men; as compared with early man they exceed in length all prehistoric molars except one or two first molars from Krapina, and with one exception present the lowest breadth-index: in breadth they are ordinarily human. When compared with the apes it is clear that they do not belong to this group, though nearest in proportion to the gorilla. Of the fossil apes, the teeth most closely resembling the Piltdown teeth are those of *Dryopithecus rhenanus,* Pohlig, of the Bohnerz Alb.

Dr. Hrdlicka's general conclusion is that the Piltdown teeth, primitive as they are, belong to very early man or to his very near precursor, while he suggests that the resemblance to the late Miocene or early Pliocene human-like teeth of the Bonerz Alb, may legitimately raise the question whether man may not have evolved altogether in Western Europe.

The Attitude of a Great Association

The council of the American Association for the Advancement of Science adopted at its meeting on December 26, the following resolution:

Inasmuch as the attempt has been made in several states to prohibit in tax-supported institutions the teaching of evolution as applied to man, and

Since it has been asserted that there is not a fact in the universe in support of this theory, that it is a "mere guess" which leading scientists are now abandoning, and that even the American Association for the Advancement of Science at its last meeting in Toronto, Canada, approved this revolt against evolution, and

Inasmuch as such statements have been given wide publicity through the press and are misleading public opinion on this subject, therefore,

The Council of the American Association for the Advancement of Science has thought it advisable to take formal action upon this matter, in order that there may be no ground for misunderstanding of the attitude of the association, which is one of the largest scientific bodies in the world, with a membership of more than 11,000 persons, including the American authorities in all branches of science. The following statements represent the position of the council with regard to the theory of evolution:

1. The council of the association affirms that, so far as the scientific evidences of the evolution of plants and animals and man are concerned, there is no ground whatever for the assertion that these evidences constitute a "mere guess." No scientific generalization is more strongly supported by thoroughly tested evidences than is that of organic evolution.

2. The council of the association affrms that the evidences in favor of the evolution of man are sufficient to convince every scientist of note in the world. These evidences are increasing in number and importance every year.

3. The council also affirms that the theory of evolution is one of the most potent of the great influences for good that have thus far entered into human experience; it has promoted the progress of knowledge, it has fostered unprejudiced inquiry, and it has served as an invaluable aid in humanity's search for truth in many fields.

4. The council of the association is convinced that any legislation attempting to limit the teaching of any scientific doctrine so well established and so widely accepted by specialists as the doctrine of evolution would be a profound mistake, which could not fail to injure and retard the advancement of knowledge and of human welfare, by denying the freedom of teaching and inquiry which is essential to all progress.

DENTAL LAWS

Summary of Dental License Requirements Throughout the World

By Alphonso Irwin, D.D.S., Camden, N. J.

DUTCH EAST INDIES

Dutch diplomas, degrees, credentials and standards are recognized in the Dutch East Indies. The applicant must secure a license to practise dentistry in these Islands from the proper authorities in Holland. Medical supervision and standards prevail. For other details, see the Netherlands Requirements.

EASTER ISLANDS

Contain only about fifty-five square miles. They belong to Chili; Spanish language; Chilian requirements, if any. See Chili for Dental License Requirements.

ECUADOR—(GUAYAQUIL)

Dentists who have received their diplomas in the United States and intend coming to this country to engage in their profession, should have their diplomas viséed by the Consul or Consul-General of Ecuador in the United States before leaving there for this country, otherwise the diploma would not receive proper consideration.

After arriving with the diploma viséed as stated, an examination, general and professional, is required, and which as a rule will be taken or conducted in the Spanish language. The expense of the examination is said to be about forty dollars. The examination will be held either at Guayaquil or Quito.

There is reciprocity between Chile, Bolivia and Ecuador, with respect to the practice of dentistry, that is, a dentist having the right to practise in one of these countries may also practise in either of the other two without having to take an examination, but simply by having his papers properly registered, after which permission will be given to practise.

EGYPT—(CAIRO)

An alien, for instance an American, desiring to practise dentistry in Egypt must present to the Department of Public Health, in addition to the diploma of a regularly incorporated and properly recognized

dental college in the United States, a certificate showing that he has been admitted, after examination, to practise in one of the States of the United States. The credentials of any foreign dentist must be validated, translated, viséed, countersigned, and authenticated in the prescribed legal manner in his or her native country.

There are a large number of dentists established in Cairo, including Americans, and, as the town is practically deserted more than half the year by the wealthier classes of both foreigners and natives owing to the heat, I strongly advise American dentists not to go to the trouble and expense of establishing a practice there. Living in Cairo is very high, the season short, and the field over-crowded.

A new dental law went into effect in Egypt in 1920, which makes the enforcement of dental license regulations more stringent than ever for the alien dentist desiring to practise there.

GIBRALTAR

Registration is required, and there are moderately stringent regulations. Permission to practise is entirely in the hands of the governor. (Verified, November, 1919.)

GREAT BRITAIN

The British method of dental licensure as enacted by the legislation operative July 31st, 1921, may be better understood after reading the *excerpts* from the Dentists' Acts of previous years.

Excerpts from Dentists' Act, 1878. Section 3 states:

Registration required. To take or use the name or title of dentist or of dental practitioner without registration renders the offender liable to a fine not exceeding twenty pounds ($100 U. S. currency).

Section 4 states that non-registered dentists or medical men are not entitled to recover any fee or charge in court.

Section 5 defines the privileges of registered persons as being "to practise dentistry and to recover fees in court."

Section 6. Qualifications necessary for registration are (a) a licentiate in dental surgery of any of the medical authorities; (b) entitled to be registered as a foreign or colonial dentist; (c) engaged in practise of dentistry at time of passing this Act (1878).

Section 6 also provides that a person resident in the United Kingdom shall not be disqualified for registration under this Act by reason that he is not a British subject, and a British subject shall not be disqualified by reason of his being engaged in practice beyond the limits of the United Kingdom.

Section 8 provides for the registration of the colonial dentist with a recognized certificate.

Section 9 provides for the registration of foreign dentists with recognized certificate * * * without examination, in the United Kingdom.

Section 10. Recognized certificates of colonial and foreign dentists are such certificate, diploma, membership, degree, license, letters, testimonials or other title, status or document as may be recognized for the time being by the General Council. Appeals by dentists upon refusal of license must be made to the Privy Council, and such order shall be obeyed, either for dismissal of appeal or recognition of certificate, by General Council.

Section 11. Provides for (1) the keeping of the Dentists' Register by the Registrar; (2) the General Council shall direct form and details of Register; (3) publication of Register shall be yearly or oftener; (4) Dentists' Register shall be admissible as evidence; (5) the General Council directs Registrar; (6) provides for revocation of license by the General Council.

Section 12 is devoted to the duties of the Registrar.

Section 13 provides that the General Council shall cause to be erased from the Dentists' Register any entry which has been incorrectly or fraudulently made, and also the name of practitioner convicted of crime or guilty of disgraceful conduct.

Section 14 treats of the restoration of name to Dentists' Register by direction of the General Council.

Section 15 provides for the appointment of a special committee by the General Council to attend to the erasure or restoration of name to Dentists' Register.

Section 16 provides that the registration fee after 1879 shall not exceed five pounds (about $25).

Section 17 provides that the General Council may from time to time make, alter and revoke such orders and regulations as they see fit for regulating the general and the local registers and the practice of registration under this Act, and the fees to be paid in respect thereof.

Section 18 provides for examinations in dental surgery by the medical authorities hereinafter referred to as colleges or bodies.

Section 19. Subject: Board of Examiners; appointment of by the Council or other governing body of the Royal College of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, and of the Royal College of Surgeons of Ireland, and of any university in the United Kingdom. Each of such boards shall be the Board of Examiners in Dental Surgery or Dentistry, and shall consist of not less than six members.

Section 20 treats of fees for examination, which are determined by the governing bodies of the universities previously mentioned.

Section 21 provides: The Royal College of Surgeons of England shall continue to hold examinations and to appoint a Board of Examiners in Dentistry or Dental Surgery for the purpose of testing the fitness of persons to practise dentistry or dental surgery * * * and to grant certificates of such fitness * * *; and any person who obtains such certificate shall be a licentiate in dental surgery of the said college, and his name shall be entered on a list of such licentiates to be kept by the said college.

Section 22 declares that the General Medical Council may require information as to examination.

Section 23 provides that the General Medical Council may represent defects in examinations in such colleges to His Majesty's Privy Council.

Section 24 provides that the Privy Council may revoke (if they see fit) a certificate granted by any such body (college).

Section 25. The consequence of such revocation is that persons possessing certificates from such college shall not be entitled to register.

Section 26 provides: Privy Council may prohibit attempts to impose restrictions as to any theory of dentistry by bodies entitled to grant certificates.

Section 27 provides that a certificate under this Act shall not confer any right or title to be registered under the Medical Act, 1858, in respect of such certificate, nor to assume any name, title or designation implying that the person mentioned in the certificate is by law recognized as a licentiate or practitioner in medicine or general surgery.

Section 28 contains provisions for conduct of examination by medical boards, if established.

Section 29 is devoted to evidence of registration.

Section 30 specifies exemption of registered persons from serving on juries, at inquests, corporate, parochial, ward, hundred and township offices, and from the militia.

The remaining four sections are devoted to: Exercise of powers by Privy Council; penalty on wilful falsification of registers; penalty on obtaining registration by false representations; notice of death of practitioners; provision for certain students; by-laws, services of notices by post and recovery of penalties.

The Medical Act of 1886 refers to dentists specifically in Section 26, and refers to modifications or amendments or annulment of certain provisions affecting Sections 4, 5, 28 of the Dentists' Act of 1878.

Dentists' Act effective July 31st, 1921. Analysis:

1. Unregistered persons are prohibited from practising dentistry unless already registered under the provisions of the Dentists' Act of 1878.

2. The establishment and constitution of a Dental Board and appointment of Registrar. The former is known as the Dental Board of the United Kingdom.

3. Right of qualified persons to register; eligibility defined.

4. Illegal use of titles and descriptions; false use and advertising forbidden.

5. Dental companies. All of the operating staff must consist of registered dentists. Prosecutions, convictions, penalties and punishments.

6. Powers of the Board and Registrar defined. The Board represents the General Council, it regulates the form and keeping of the dental register, the renewal, of restoration of licenses on the register, prescribes the fees (limit five pounds), and for other provisions contained in the Dentists' Act.

7. Power of the Board to make regulations, subject to the approval of the General Council, subject to the Privy Council, which is subject to the House of Parliament and His Majesty.

8. Provision for amendments of ss. 13 and 14, of 41 and 42, Vict. c. 33; also provides for an *inquiry* upon application by any *medical authority*. The *powers* of the General Medical Council are defined.

9. Relates to an Appeal against the removal of a name from the register or the refusal to register a dentist. Right of appeal of the aggrieved party for erasure, to the High Court. The High Court's decision is final.

10. Application of money received and accounting of fees. Disbursements by the Board for salaries and expenses. Reports of the same must be made to the General Council and Parliament annually, in March.

11. Provision for amendment of ss. 6 and 7, of 41 and 42, Vict. c. 33; s. 6, the term "graduate licentiate" substituted.

12. Amendment of 12 and 41 and 42 Vict. c. 33. Failure to answer questions of Registrar within six months; penalty, erasure of name from the Register.

13. Repeal of s. 17 of 41 and 42 Vict. c. 33. Limitation of the Powers of the General Council and Board defined.

14. Interpretations. The practice of dentistry defined.

15. Provision as to the evidence. Court procedure. Prima facie evidence. Registrators' certificates valid in court.

16. Provision as to the exercise by General Council of its functions under the Dentists' Acts; subject to the Privy Council which appoints three additional members to the Board under the provisions of the Act.

17. Application of the Act to Scotland and Ireland. Definitions. In Scotland the Minister of Health means the Scottish Board of Health;

High Court means the Court of Sessions. In Ireland the Minister of Health means the Lord Lieutenant of Ireland.

18. Short Titles and Repeals to the Dentists' Act.

19. Schedules. The Board consists of thirteen members; election and appointment of Officers; constitution, by-laws, rules, appointment of committees, order of business.

20. Second Schedule includes Acts repealed.

Abstracts from Registration Requirements in the Dentists' Act, effective July 31st, 1921:

Unregistered persons are prohibited from practising dentistry.

Section 3. (1) The Board shall admit to the dentists' register kept under the principal Act.

(a) (i) Any person who makes an application in that behalf within the interim period and satisfies the Board that he is of good moral character; and (ii) was for any five of the seven years immediately preceding the commencement of this Act engaged as his principal means of livelihood in the practise of dentistry in the British Islands or was admitted to membership of the Incorporated Dental Society not less than one year before the commencement of this Act; and (iii) had attained the age of twenty-three years before the commencement of this act; and (b) any person who makes an application in that behalf within the interim and satisfies the Board that he (i) is of good personal character, and (ii) was for any five of the seven years immediately preceding the commencement of this Act engaged as his principal means of livelihood in the occupation of a dental mechanic in the British Islands; and (iii) had attained the age of twenty-three years before the commencement of this Act and who within ten years from that date passes the prescribed examination in dentistry.

(2) Any person who satisfies the Board that he was at the commencement of this Act engaged as his principal means of livelihood in the practise of dentistry in the British Islands, and within two years of the commencement of this Act passes the prescribed examination in dentistry, shall for the purposes of this section, be treated as having been engaged for five of the seven years immediately preceding the commencement of this Act in the practise of dentistry in the British Islands as his principal means of livelihood.

(3) Any person who is a duly registered pharmaceutical chemist or duly registered chemist and druggist shall, if he prove to the satisfaction of the Board that he had immediately before the commencement of this Act a substantial practice as a dentist and that his practice included all usual dental operations, be treated for the purpose of this section as having been engaged for any five of the seven years immedi-

ately preceding the commencement of this Act in the practise of dentistry in the British Islands as his principal means of livelihood.

(4) The Board may on such conditions as they may consider proper dispense in the case of any person with any of the requirements prescribed by this section, other than the requirements as to character or age, if they are satisfied, that that person is unable to satisfy those requirements by reason of having served in His Majesty's forces, or of having been engaged during the war in some work of National importance, and that it will not be prejudicial to the public interest to dispense with those requirements.

(5) Regulations may be made under this Act for prescribing the manner in which applications under this section are to be made, and generally for carrying this section into effect.

4. A person registered under the principal Act (a) shall by virtue of being so registered, be entitled to take and use the description of dentist or dental practitioner; (b) shall not take or use, or affix to or use in connection with his premises, any title or description reasonably calculated to suggest that he possesses any professional status or qualification other than a professional status or qualification which he in fact possesses and which is indicated by particulars entered in the register in respect to him.

5. (1) A body corporate may carry on the business of dentistry if (a) it carries on no business other than dentistry or some business ancillary to the business of dentistry; and (b) a majority of the directors and all the operating staff thereof are registered dentists; Provided that (a) a body corporate which was carrying on the business of dentistry before the passing of this Act shall not be disqualified for carrying on the business of dentistry under this section by reason only that it carries on some business other than dentistry or a business ancillary to that business if that other business is a business which the body was lawfully entitled at the commencement of this Act to carry on; and (b) where any director of any body corporate which is carrying on the business of dentistry at the commencement of this Act satisfies the Board within the interim period that he has for any five of the seven years immediately preceding the commencement of this Act been acting as director of any such body corporate, he shall be entitled to be entered as such a director in a list to be kept by the registrar for the purposes of this section, and if so entered shall, for the purpose of this section, be treated in relation to that body corporate or any other body corporate formed for the purpose of reconstructing that body corporate or of amalgamating it with any other such body carrying on the business of dentistry at the commencement of this Act, as being a registered dentist, director or manager, but shall not by virtue of being so entered be entitled to practise dentistry.

(2) Save as aforesaid, it shall not be lawful after the date on which the provisions of this Act prohibiting the practise of dentistry by an unregistered person come into operation for any body corporate to carry on the business of dentistry, and if any body corporate carries on the business of dentistry in contravention of the provisions of this section, it shall for each offence be liable on summary conviction to a fine not exceeding one hundred pounds.

Where a body corporate is convicted of an offence under this section, every director and manager thereof shall, unless he proves that the offence was committed without his knowledge, be guilty of the like offence, and the court may in addition to a fine order that the name of any director convicted under this provision shall be removed from the list aforesaid.

(3) Every body corporate carrying on the business of dentistry shall in every year transmit to the registrar a statement in the prescribed form containing the names and addresses of all persons who are directors or managers of the company, or who perform dental operations in connection with the business of the company, and if any such body corporate fails to do so it shall be deemed to be carrying on the business of dentistry in contravention of the provisions of this section.

(4) The list to be kept under this section shall be published in the prescribed manner.

(5) Nothing in this section shall operate to prevent the carrying on of the business of dentistry by any hospital of any description (including an institution for out-patients only), or any dental school which is approved for the purposes of this section by the Minister of Health after consultation with the Board.

(All States, Nations, etc., to be printed alphabetically.)

DENTAL ECONOMICS

A Monthly Audit of a Dentist's Account

By Frederic M. Kanouse, C.P.A., New York City

(EDITOR'S NOTE)—Mr. Kanouse, who is a Certified Public Accountant, has shown in the following article a form of statement which should be extremely enlightening to many dentists. A monthly audit of many practices would reveal conditions that should be corrected; and usually the practice that seemingly can least afford such an audit is the very one that needs it most.

I have been asked to explain what a dentist's books should show in order that he may have a clear statement of his assets and liabilities, and I believe that the best way to give this information is to furnish an actual audit of a real account for one month. The name only has been changed.

July 1, 1922.

Doctor John H. Doe,
Fifth Avenue,
New York City, N. Y.

Dear Sir:

In accordance with your instructions I have made my regular audit of your books and accounts, including the verification of various balances and postings, for the month of *June, 1922,* and as a result thereof I am submitting the attached "Exhibits":

Exhibit "A"—Assets, Liabilities and Capital as at June 30, 1922
Exhibit "B"—Income and Profit and Loss Statement for June, 1922
Exhibit "C"—Analysis of Cash Receipts and Disbursements for June, 1922
Exhibit "D"—Trial Balance as at June 30, 1922

In addition to the above the following comments are pertinent:

The balance of cash in bank as at June 30, 1922, was duly checked against the balance as shown by your Cash Book, and allowing for outstanding checks, was found to be correct. I append below the reconciliation of the cash account as at June 30, 1922.

Balance May 31, 1922		$ 522.79
Deposits during June, 1922		3,212.00
		$3,734.79
Withdrawals during June, 1922		2,458.73
Balance June 30, 1922		$1,276.06
Outstanding Checks—June 30, 1922		
No. 5,444	$36.00	
No. 5,446	20.00	
No. 5,447	23.00	
No. 5,448	5.00	
No. 5,449	50.00	
		134.00
Balance Per Bank Statement (Guaranty Trust Co.) June 30, 1922		$1,410.06

I have checked the receipts as shown by the Cash Book with the monthly bank statement and found them properly recorded therein. All checks were examined as to amounts and initial endorsements and checked with the disbursements as shown by the Cash Book, as well as all outstanding checks being verified.

The Petty Cash vouchers for the month were examined as to amounts, authorizations, etc.

The amounts due from Patients (*$10,355.42*) have been checked and found to be in agreement with the total as shown by the control account in the ledger.

I have also checked the balances of Accounts Payable due to trade creditors (*$588.70*) and found it to agree with its controlling account in the ledger. (Should you desire, I can always verify these amounts by direct correspondence with the several debtors and creditors.)

Notes Payable were reduced during the month by a payment of *$500.00* to the Guaranty Trust Co. The account now shows a balance of *$1,000.00* due Aug. 1, 1922.

The usual reserves for depreciation of Furniture and Fixtures, Income Taxes and Bad Debts were set upon the books as at June 30, 1922.

I found certain errors during the month and these were brought to the attention of your Secretary and corrected by her under my supervision.

Respectfully submitted,

F. M. Kanouse.

EXHIBIT "A"

DR. JOHN H. DOE

ASSETS, LIABILITIES AND CAPITAL AS AT JUNE 30, 1922

ASSETS

Current			
Cash in Bank	$1,276.06		
Cash on Hand	25.00		
		$ 1,301.06	
Accounts Receivable		10,355.42	
Notes Receivable		1,500.00	
Total Current Assets			$13,156.48
Fixed			
Furniture and Fixtures		$ 7,920.99	
Less Reserve for Depreciation		1,782.21	
			6,138.78
			$19,295.26

LIABILITIES AND CAPITAL

Current			
Accounts Payable		$ 588.70	
Notes Payable		1,000.00	
Total Current Liabilities			$ 1,588.70
Reserves			
Reserve for Income Taxes		$ 2,100.00	
Reserve for Bad Debts		129.83	
			2,229.83
Capital			
Capital as at January 1, 1922		$16,429.75	
Profits to June 30, 1922		7,340.97	
		$23,770.72	
Less Withdrawals to June 30, 1922		8,293.99	
Capital as at June 30, 1922			15,476.73
			$19,295.26

EXHIBIT "B"

DR. JOHN H. DOE

INCOME AND PROFIT AND LOSS STATEMENT—JUNE, 1922

Profit to May 31, 1922			$6,340.45
Income for Month			
Billed Patients	$2,068.00		
Allowed Patients	88.00		
		$1,980.00	
Interest on Bank Balance		2.00	
Total Income		$1,982.00	
Expenses for Month			
Rent	$ 70.00		
Telephone	10.13		
Lighting	8.40		
Salaries	235.00		
Porter	25.00		
Accounting Fees	25.00		
Charity	5.00		
Postage	10.00		
Interest	3.00		
Laboratory Work	54.05		
Supplies	172.54		
Laundry	19.98		
Printing and Stationery	23.14		
Gold	40.70		
Sundry Expense	8.89		
Total Expenses		710.83	
Gross Profit		$1,271.17	
Deductions from Income			
Depreciation of Furniture and Fixtures	$ 99.01		
Income Tax Reserve	150.00		
Reserve for Bad Debts	21.64		
		270.65	
Profit for June, 1922			1,000.52
Profit January 1 to June 30, 1922			$7,340.97

EXHIBIT "C"

DR. JOHN H. DOE

ANALYSIS OF CASH RECEIPTS AND DISBURSEMENTS—JUNE, 1922

Cash (Guaranty Trust Co.) May 31, 1922		$ 522.79
Receipts—June, 1922		
From Patients	$3,210.00	
Bank Interest	2.00	
Total Receipts		3,212.00
		$3,734.79
Disbursements—June, 1922		
Drawing Account	$1,336.60	
Rent	70.00	
Telephone	10.13	
Lighting	8.40	
Salaries	235.00	
Porter	25.00	
Accounting Fees	25.00	
Charity	5.00	
Postage	10.00	
Notes Payable	500.00	
Interest	3.00	
Laboratory Work	54.05	
Supplies	124.54	
Laundry	19.98	
Printing and Stationery	23.14	
Sundry Expense	8.89	
Total Disbursements		2,458.73
Cash Balance—June 30, 1922		$1,276.06

EXHIBIT "D"

DR. JOHN H. DOE

TRIAL BALANCE AS AT JUNE 30, 1922

Drawing Account ...	$8,293.99	Capital	$16,429.75
Cash	1,276.06	Income	12,983.06
Petty Cash	25.00	Accounts Payable ...	588.70
Accounts Receivable .	10,355.42	Notes Payable	1,000.00
Notes Receivable ...	1,500.00	Interest Reduced ...	12.30
Furniture & Fixtures	7,920.99	Furniture and Fixture Reserve	1,782.21
Depreciation of Furniture and Fixtures	594.07	Income Tax Reserve.	2,100.00
Income Tax, estimated	900.00	Reserve for Bad Debts	129.83
Bad Debts	129.83		
Interest Paid	6.40		
Rent	420.00		
Telephone	73.86		
Lighting	78.45		
Salaries	1,138.00		
Porter	130.00		
Laboratory Work ...	550.65		
Supplies	774.50		
Gold	188.94		
Drugs	10.05		
Laundry	129.79		
Printing & Stationery	93.35		
Postage	60.00		
Charity	59.00		
Legal and Accounting Fees	250.00		
Sundry Expense	67.50		
	$35,025.85		$35,025.85

PRACTICAL HINTS

This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.

NOTE—Mention of proprietary articles by name in the text pages of the DENTAL DIGEST is contrary to the policy of the magazine. Contributions containing names of proprietary articles will be altered in accordance with this rule. This Department is conducted for readers of the DENTAL DIGEST, and the Editor has no time to answer communications "not for publication." Please enclose stamp if you desire a reply by letter.

Editor Practical Hints:

Would you please give the technique for making (1) a full cast crown, (2) a full cast crown with shoulder.

In the application blank for the position of dentist with the government, you are asked if you can perform the operation of making these crowns. I have been unable to find anything about them in my text-books. C. R. T.

ANSWER.—To make a full cast crown, prepare the tooth by the removal of all enamel, or at least sufficient to produce a cone shape with the elimination of all undercuts. If it is a vital tooth, paint this prepared stump with saturate silver nitrate solution and precipitate with powdered silver (conveniently applied as powdered amalgam on a pellet of cotton) or with eugenol. Fit a twenty-two or twenty-four carat thirty gage band snugly to the prepared stump, slitting it around the occlusal periphery and bending it into actual contact with the sides and across the top of the stump. Take an impression and bite over this; pour model of investment material or with plaster after filling the crown band with wet soft paper or in some other way providing for its ready removal from the cast; build the crown up with wax and carve to correct contour; invest and cast.

Another very good method of making a full cast crown either with or without a shoulder is: After the root is prepared properly, fit a copper band and take a correct modeling compound impression of the prepared stump, allowing the compound to chill thoroughly before removal. Surround this impression with a box of stiff paper or wax and pack with amalgam, making an amalgam model of the prepared root. This should be set in place in an impression and bite that have

been previously procured from the mouth. This amalgam model should be so shaped and waxed as to be removed readily from the plaster cast for the purpose of swedging. Now burnish or swedge twenty-two or twenty-four gage pure gold to the amalgam model; build up with wax; carve to correct contour; invest; cast; replace upon the amalgam model and swedge. Another nice way is to oil the amalgam model and dip it into the melted wax, repeating same until the wax is about thirty gage. Place a sprue; remove and cast with pure gold. Swedge this upon the amalgam model, build to correct contour with wax and recast with twenty-two carat or whatever gold alloy you wish to use. Reswedge upon the amalgam model and polish.—V. C. SMEDLEY.

Editor Practical Hints:

I always enjoy reading THE DENTAL DIGEST. I had a patient in recently who had a very nice white set of teeth, especially the anteriors. She had two upper peg central incisors that matched splendidly, and fitted at the gingival and root very well. There is no gold band around the root, but the gum around the gingival portion of the porcelain crown is dark, and rather noticeable. She has had these porcelain crowns in a year. Would you think this darkness is caused from root or from the porcelain fitting tight at the gum and stopping the circulation? J. A. L.

ANSWER.—Base metal pins in porcelain crowns frequently cause a darkening discoloration of the entire root, and when this is the case the darkened root is very apt to show through the thin gum flap at the neck of the tooth with the appearance of a dark line of discoloration. It might be from the use of one of the makes of cement which tend to discolor, or if you are mistaken and the crown does not conform to the outline of the root so well as you think, this might interfere with the circulation and occasion discoloration. I would suggest that you check up these crowns with x-rays, and push the labial free margin of the gum up with a blunt instrument to ascertain whether or not the root end is discolored. If it is, and that seems to be the only difficulty, the crowns can be taken off and the root trimmed up to the peridental attachment labially and replaced by other crowns sufficiently longer.—V. C. SMEDLEY.

Editor Practical Hints:

I am in trouble and should like to have some help. About eight months ago I made a plate (upper) for a lady patient, and she says she can not wear it as it gags her. I am making it over for her, and

in trying it in, in the wax, she gagged and had to take it out of her mouth. I made the plate in the same way that I always do. She has a good mouth for which to make a plate and is willing to try it again. If you could tell me what to do with it (or her) I should be very much indebted to you. L. F. E.

ANSWER.—Usually persistent gagging with an upper plate is due to failure of the plate to make firm contact at the junction of the hard and soft palates. If it fails to make contact with the palate at all times and in all positions of the mouth and body, it seems occasionally in hypersensitive cases to result in the teasing or tickling of the nerve endings in the palate with a sensation of gagging.

I suggest, therefore, that you be very careful with your postdamming and with the smoothness of the finish of your case at the posterior border, and that you then insist upon the patient's wearing the plate day and night for a few days.

In case this does not remedy the difficulty, it might be possible in this particular mouth to make a rim denture (with the palate entirely cut out) which will stay up and serve satisfactorily. This can be done very nicely in some cases where the ridge is prominent and the relation between the upper and lower jaws favorable. For this purpose, a modeling compound impression made following the same technic with which we secure definite suction on lower dentures should be used.

—V. C. SMEDLEY.

Editor Practical Hints:

I have a patient who is continually complaining of pain in her teeth. The teeth and mouth have been given a thorough prophylaxis. There are no cavities nor dental work of any kind in the mouth. All teeth have been x-rayed twice—negative. An oral surgeon examined her and advised her physician to take care of her "nervous trouble." That was his diagnosis.

Everything has been done, including a few extractions of teeth which she has insisted were aching severely and causing the trouble. And yet, all the teeth ache severely.

The patient is about thirty-eight years of age, in robust health, and has no other ailments or complaints.

I should be very thankful to you if you can diagnose same.

J. S. K.

ANSWER.—Were the x-rays examined carefully for the possible presence of pulp stones? Such symptoms are frequently occasioned by pulp stone impingement. If this cannot be found to be the cause,

it is quite likely that the pain would not be relieved by the extraction of more or all of the teeth, and the logical thing would be to operate with alcohol injection or surgically on the nerve trunk or ganglion. This job I should refer to a general surgeon.—V. C. SMEDLEY.

Editor Practical Hints:

Why is a film deposited on a gold crown when I use a cotton rag wheel to polish the crown? H. F.

ANSWER.—Our laboratory man thinks that your difficulty may come from the use of a wheel which has been used for other purposes, thus containing particles of dirt and grease. He keeps a special wheel for the final polish and never puts anything on it but the whiting and rouge.—V. C. SMEDLEY.

Editor Practical Hints:

A peculiar case has been brought to my attention recently, and I should like to get your opinion on it.

A woman, thirty-eight years old, complains of a metallic taste since she had her tonsils removed a year ago. She has eight silver fillings and a gold crown which are apparently normal. Her gums are in good shape also, but there is a bad odor and though she has used mouth washes and several doctors' prescriptions, the taste continues.

X-rays show roots in good shape. W. C. E.

ANSWER.—It would be my opinion that this symptom is not in any way due to dental causes, and that since the M.D.'s don't know what to do about it, it would be better for the young lady just to be patient and hope for the condition to greatly improve through the gentle administrations of Nature.—V. C. SMEDLEY.

Editor Practical Hints:

You no doubt have met the type of person who "knows it all," who feels capable of talking on any subject, who will contradict and argue with anyone no matter what his training. Such a person, a layman, and related to a recently graduated dentist practising in a distant city, aroused my ire by proclaiming in my presence that the *rubber dam* has been discarded by all up-to-date dentists, and further that its use is no longer taught in our colleges, all of which is supposed to have been told this person by the above-mentioned graduate.

It would have been compromising myself to have argued the matter at the time, but I am asking you if you will, in the interest of fair play, write me a letter stating plainly what position the "rubber dam"

occupies in the practice of dentistry today, whether or not you use it, and on what grounds you claim a position of professional authority. I intend to show this person up in his proper light. A. B. J.

ANSWER.—It certainly is irritating to have a patient or layman assume to instruct or dictate in dental matters and I do not blame you for being somewhat peeved. I think it is well in such a case to follow the advice of an old nurse-maid my mother used to have who would have said in such an instance: "There, there, Honey, never let on. Just consider the source and where it come from."

As a matter of fact though, Doctor, it is quite possible that there is more than a grain of truth in the assumption or assertion that this young dentist was taught in dental college to get along without the rubber dam. It came out in a recent discussion before the Institute of Dental Faculties that at least five or six dental colleges in the country do not teach the use of gold foil at all and there may be as many declaring for one hundred per cent vitality and therefore no root canal technic. With these two operations eliminated, it would be entirely feasible to practice dentistry without the use of the rubber dam. As a matter of fact, I personally feel that in the average practice the rubber dam is applied all too frequently. The essential thing is to keep the field of operation dry during certain stages or phases of our work and if this can be done by the use of cotton rolls, napkins, and saliva ejector, the rubber dam with its accompanying discomfort to the patient and possible injury to the peridental tissues may be avoided. It is of course quite obvious, however, that if a person is going to put in gold foil fillings and perform tedious, aseptic root canal surgery the rubber dam is essential.—V. C. SMEDLEY.

Editor Practical Hints:

I have a case, a young lady with one upper central extracted. She desires a small bridge with no gold showing. Both approximating teeth are vital.

Will you kindly let me know if there is any practical method of doing this, and if so, please explain technic. C. H. R.

ANSWER.—Such a bridge can be made very satisfactorily and with no need of involving or endangering the pulps of the abutment teeth. My procedure in such a case is as follows: With a Joe Dandy disk in the straight handpiece remove the enamel contour from the mesio-lingual aspect of both lateral and central, taking pains to hold the handpiece approximately parallel with the occlusal plane while grinding on each tooth, so that these surfaces approximating the dummy tooth

will be parallel with each other or slightly divergent. Next, with a small wheel Miller stone cut grooves from each of these flattened mesial surfaces across the incisal to a point over the distal dento-enamel junction, and from the mesial surface again to the cingulum or the lingual dento-enamel junction. With spear-pointed drills and with tapered fissure cross-cut burs held at right angles to the plane of occlusion in the contra-angle handpiece, drive fairly deep pits at the points in the dento-enamel junction which are far enough removed from the pulp not to endanger same. Then from these pits with the tapered fissure bur follow along the grooves which were cut with the Miller stone to the flattened mesial surface, squaring their bases and providing a tapering preparation throughout while deepening them slightly, but never sufficiently to endanger the pulp. Where each of these grooves reaches the flattened mesial surface, imbed the cutting portion of the tapered fissure bur into the dentine to about the depth of the bur at its widest diameter. The small end of the bur will then be imbedded to sufficient depth that each groove may end in a shallow pit which will aid materially in the retention of the inlay within its prepared seat during the stress of carrying the load of the bridge. Next, with a small tapered smooth Miller stone go over the entire preparation to smooth and true the cavosurfaces and margins. If the bite is close the entire lingual surface of the tooth should be ground sufficient to provide a thin backing of gold. In some cases, however, I think it permissible to allow the gold to overlay the remaining enamel on the lingual surface, thus exaggerating the normal contour slightly. This preparation is not long or tedious to make and usually occasions the patient no serious discomfort (in hypersensitive cases the nerve block or infiltration may be used), and with slight variations in individual cases it is the most satisfactory bridge anchorage I know of. To secure an accurate wax model of this preparation: After conforming the wax as best you can with finger pressure and shaping it up approximately, it may be readily carried to the bottom of the pit with a heated canal plugger, pumping or puddling as you withdraw the plugger while the wax is cooling. After removal of the plugger, press with finger to compress the cooling wax in the pit. This model should now be cast with either two or four per cent platinum alloy of pure gold according to the amount of stress you estimate the bridge will put upon the abutment.—V. C. Smedley.

CORRESPONDENCE

A Plan for Reciprocity

Editor, DENTAL DIGEST:

Many years ago, while a student at college, I heard talk of reciprocity; and after several years it is still "talk" with much discussion and without any plausible solution. It seems natural to suppose that after all these years this question should be either satisfactorily settled or dropped from long discussions. Where are our learned and leading dentists? Are they giving any thought to this question? Why not settle it now for all time? I believe that it can be worked out, once a simple basis is found for a foundation on which to build.

If I understand correctly the opposition to reciprocity, I think it is because of the unlearned and unprogressive and, further, old-time customs in colleges that didn't know what or how to teach and because of the resultant products they produced as dentists who are practicing to this day in many States. It wouldn't look fair to give this class, which we ourselves would be glad to be rid of, to another State and it is unfair to the better-class and efficient practitioner, as well as to his State. It is unfair to the educated and proficient dentist, but here is where we pay for the sins of others.

I have a simple plan which I will advance, if you're game to print it. Because of the higher standards of the many colleges better educated young men and women are entering. The fact that their educational attainments must equal the college demands for entrance and the fact that the course of study has been extended to four years cause us to think in the direction of bringing about a National Board. My plan is simple, but, taken seriously, I believe it would form a basis on which to build.

THE PLAN

To elect a dentist from each State, the most learned and prominent man in the State Society, to be one of a body of forty-eight men, the pick of the country. Wouldn't they form a Board that would make any man feel proud to pass?

This Board should meet at Washington, D. C., at the most opportune and convenient time of the year as set forth by the National body. (I suggest June of each year.)

This Board, functioning, would make all State Boards inactive, all applicants, after a specified date, taking the National Board.

Fees, etc., that would meet the incurred expenses of such a meeting, should be worked out by a committee.

Now I hear you asking what is to be done about dentists graduated previous to date named? Those dentists who wished might take the National Board, which would give them sway in all parts of the country. Those not wanting to go to that expense would make application to their local Boards, for each State should retain at least three members on its staff to co-operate and care for local matters. When all credentials had been filed with the local Board, this Board would secretly investigate each applicant and, if he were found desirable to represent the State in another State, would pass his papers with recommendations to the National Board. Whereupon, the National Board would reinvestigate and, if the results were satisfactory, would issue said applicant a National license at its next meeting, by mail, for such fees as had been adopted by said Board.

This would give the best element the opportunity to move freely and not curtail their chances or wishes because of the poorly educated for whose sins they are now paying.

Is it not fair to keep our undesirables at home lest they expose us? Is it not fair to give the learned and proficient man his sway without too much bother? This would give us a retroactive reciprocity for those fitted to represent their respective States.

We have State government and National or Federal government. Is it not plausible to have National Dental and Medical Boards?

(Signed) EDWARD E. FOSTER, D.D.S.

531½ North Royal Street, Mobile, Ala.

Editor, DENTAL DIGEST:

For the first time in my life I have found a mouth of which I could not get an impression, and I have been in practice since 1891. I am writing to you hoping you will publish my letter, knowing the DIGEST has a large circulation, and also hoping that some dentist has found a way that will help me out.

Yesterday a lady about twenty-eight years old called to have an impression taken of her upper mouth for a full upper set. I found the mouth in very good shape, and got everything ready to take the impression. Imagine my surprise when upon getting the tray about half way into her mouth, she was seized with a most furious vomiting spell.

I tried any number of times to get this impression, but so far have not been able to do so. Even the touch of my finger one inch back in

the mouth caused her to heave in a most distressing way. What am I to do?

She is very anxious for her teeth, but of course I can do nothing without an impression. I tried her on plaster, on modeling compound and on wax. She simply cannot bear the touch of anything against the roof of her mouth.

What is the trouble with this woman?

Can it be overcome in any way? I assure you I should be most grateful for any information that will help me to get the impression.

I have been practicing for many years, but I have never seen anything approaching this case.

Trust that some of my fellow practitioners may be able to give me a pointer.

C. Carter Sprinkel, D.D.S.

DENTAL LABORATORIES

"To Err Is Human—To Forgive, Divine"

By B. H. Miller, New York, N. Y.

We've often wondered whether it would be worth while to live in a world where everyone and everything were perfect. We imagine that the monotony of such an uninterrupted sameness would become unbearable and stimulate us to seek someone, somewhere, who could make an occasional mistake. Of course, mistakes are not things to be desired—no one sets out deliberately to make them; but knowing that they are bound to happen now and then, "even in the best regulated families," as the saying goes, adds a degree of uncertainty to a life which otherwise would seem boresome.

We have always considered that an occasional mistake, or even an accident, has a definite value. The discovery of a mistake often leads to the institution of means to guard against a repetition; and nearly all accidents, unfortunate as they may be, arouse a demand for precautionary measures, in order that a similar occurrence may be averted. Still, valuable as these expensive lessons may prove to be, we all try to avoid them.

In all lines of worth-while endeavor today, there is the constant desire to reach an impossible goal—perfection. It is a state of affairs which is always sought and never found. The certainty of failure, however, does not dampen the ardor of the ambitious, so the fight goes on.

It is this quality of ever forging ahead, profiting by mistakes and striving to improve which is the backbone of every thoroughgoing business today. It is based on honesty, integrity, diligent effort and the willingness to serve. No business can offer anything short of these qualities and hope to succeed. It is true that one very successful business man was quoted as saying that "the public likes to be humbugged." That thought may have worked in the running of a circus; but, woe unto the business man of today who tries it!

Now, there are businesses and businesses. Some are simple and some are complex. Some run along quite serenely and others are not

so fortunate. It is impossible for everyone to select an "easy" business. We certainly didn't select one. We selected the conduct of a dental laboratory as our life work; and you dentists who read this certainly know that if there is one calling in this world which invites the lion's share of chances for possible error, it is the field of dentistry. We don't claim to have all the worst of it. We know that the dentist's lot is anything but smooth. We simply want to stress the point that we have not picked out an "easy" job for ourselves—and neither have you.

The dental laboratory, as established today, is necessary to the dentist; and, by the same token, the dentist is necessary to the dental laboratory. We take the view that we are a part of present-day dentistry—that our job is to coordinate and cooperate with the dentist; to help him wherever we can, just as he helps us and makes our branch of the work possible by offering his patronage. We have kept this thought uppermost in our minds ever since the organization of the business; and the fact that we have grown bigger and bigger each year would seem to prove that our basic idea is correct.

We have reached our present position in the field by hard work and square dealing. We are not infallible, however, nor have we ever claimed to be. We have made our mistakes and we expect to make more occasionally, for we are in the business where the occasional mistake is bound to happen. But, we are, and always have been, and always will be, ready and willing to do what we can to smooth out the rough places, whether they are of our making, or not.

What can be fairer than that?

141 West 36th Street.

DENTAL SECRETARIES and ASSISTANTS

Secretaries' Questionnaire

All questions should be addressed to Miss Elsie Pierce, care of DENTAL DIGEST, 220 West 42nd Street, New York City.

I have accepted a position as assistant secretary to a dentist who has an average of about ten patients daily. His office is very plain. I have not been wearing an apron. When any one comes in, I get the name, and if the patient has an appointment I have everything in place before he comes in. After the patient is in the chair, I go out in the waiting room and sit down, and if the doctor wants me he rings a buzzer. I mix cement and alloy fillings. I do not know the names of the instruments, and the doctor has never asked me to help him do his laboratory work. I should like to know how to clean his instruments and forceps, as they are stained with iodine. I should like all kinds of advice and information. Lately I have been reading your articles and can see by how much I lack being a real assistant.

A New Assistant.

No doubt there are many young women employed in dental offices that are in the same quandary as you are. They have ambition and ability but no way to acquire the knowledge necessary for efficiency in their duties. The dentist is too busy with other things to devote much time to teaching the assistant her duties, or at least he thinks he is. Unfortunately at this time there are no schools in this section of the country where training is provided for dental assistants. May I suggest that you read carefully the literature and dental magazines that come to your office, paying particular attention to those operations that come within your sphere, and I am sure that within a short time you will make yourself so valuable that you will no longer be relegated to the waiting room. Do not wait for the doctor to tell you to do things; show an interest in the work; ask him to show you how to help in the laboratory; follow the questions and answers in this department. I am sure they will help you. Close attention to detail, a willingness to do and an affable manner will eventually win all that you are seeking.

I have been employed in a dental office for several years and I have never worn a uniform. My employer told me the other day that he wished me to get some uniforms and wear them. I do not think this is necessary, but I do not wish to give up this position. What shall I do? Please tell me what you think about uniforms.

I know that some of the young women employed in dental offices do not think a uniform necessary. I believe it is because they have not given the matter careful thought and consideration. Nothing is more professional and dignified than a spotless uniform, and a cap adds to the dignity. However, that is optional with the wearer. There is good psychology in the appearance of a natty uniform. It is a distinction for particular service and brings added respect from the patient. What can be more inappropriate than the haphazard garb so often worn by many so-called "business women"? In a professional office so closely related to medicine, everything should be a harmony of neatness and cleanliness and I believe uniforms not only are necessary but should be obligatory. It is a perfectly legitimate and laudable object to endeavor to increase your efficiency and better your appearance, which in turn usually brings greater financial compensation.

Please tell me what to do to remove stains from linen caused by iodine. Also, what can I do to remove similar stains from instruments?

Household ammonia will remove iodine stains from linen, also from the hands and face. Try it on the instruments. However, if the latter have been badly rusted and corroded they will require polishing and renickeling.

One of my uniforms has been badly stained from the accidental spilling of a bottle containing a 20% solution of argyrol. What do you recommend for removing the stains?

S. L.

Repeated rinsing in cold water will effectually remove all traces of this medicament from white goods such as uniforms are made of.

Kindly let me know if I could join the Educational and Efficiency Society for Dental Assistants, also when and where they meet.

M. L. R.

The proceedings of the above society are published in THE DENTAL DIGEST each month, also the place of meeting, the names of officers and addresses. We suggest that anyone interested communicate directly with the president or secretary. Any young woman actively engaged in the conduct of an ethical dental office is eligible for membership in said society.

It is the intention of this department to make it of assistance and interest to all readers, but particularly does it wish to aid the dental assistants throughout the country. The editor solicits questions and suggestions, experiences and problems.

Care of the Dental Office and Ordering Office Supplies*

By Myrtle Clifford, Indianapolis, Ind.

The title of my paper today is "Care of the Dental Office and Ordering Office Supplies." This is a very interesting subject and, if it helps you girls in any way, will be a beneficial one.

One of the first things I want to emphasize is the matter of being on time, not for one day but as a regular habit. Your employer will soon realize that you have an interest in his business, and if he is unavoidably detained, he will feel at ease, knowing that it will be taken care of in the best possible way.

A clean white uniform is very essential; it creates a good impression. Learn to do the cleaning in a way that enables you to keep your uniform fresh and clean at all times, as the patient may arrive earlier than expected and you would not be looking your best. The dentists in this city are kind enough to let the girls select their own uniforms and I think it is our duty to select a style that is becoming, as the greater part of our time is spent in the office.

The janitors of the different buildings take care of the floors and waste, but there are many things that we must clean, as the top of the cabinet, bracket tray and all porcelain and metal fixtures. This can best be done with metal polish or anything that you know will clean. Keep the cuspidor clean. This and the bracket tray should be cleaned after each patient. The instrument cabinet requires more time than you can give every day for cleaning, so when your doctor is away for a few hours, clean this thoroughly. It can then be kept in good condition with the attention you give it daily. Clean the sterilizer and keep it in view of the patient so that there will be no doubt about the instruments being sterile. In our office we use a brush to scour the instruments; this is to remove any sediment. They are then placed in the sterilizer, care being taken not to allow them to remain too long, as many are sharp and this would dull them.

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* (Read before the Indiana State Association of Dental Assistants, May 15, 1923.)

Use a broom or carpet sweeper to take up cotton, lint or plaster. Keep the floor clean.

In most offices the desks always look nice and tidy. I should think this must be due to our feeling of importance and this same feeling should make us try to keep everything in the office in the same condition. I am sure our employers will appreciate this.

Cleaning cuspidors and dusting should not hurt any girl's pride. There are so many things to do which make her a real help. Can you think of anything worse than being obliged to work on a patient who has never used a toothbrush? Yet the doctor could not refuse to do his work even under such conditions.

Cleaning the windows on the inside and the lights is the work of the janitor, but often he is late and it adds to the appearance of the office if you look after this yourself.

In the reception room keep the magazines in good shape and of recent issue. This creates a good impression.

In re-ordering supplies, a very good place to start is the desk. A good pencil with an eraser is very necessary in making appointments and in canceling them. Keep this close to the appointment book and it will save a little time. A pen with a good, clean point is necessary. Always keep a clean blotter on the desk. This can be purchased for ten cents, and it adds to the appearance of the desk. Such things as pencils, pens and pen points are often used by patients and should be in good order. Another thing that comes in handy is a check book with a blank space for the name of the bank. This very often saves sending a statement and is a convenient thing for out-of-town patients.

In ordering stationery, be sure to place your order before your supply is exhausted. This is a thing that needs strict attention in order that you may have plenty of everything required to send out statements and to answer correspondence. We have a correspondence card that we find very useful when we have just a short message.

Towels and bibs are also of importance. We use linen towels, as we find that they do not leave lint on the clothing as do cotton ones. This material can be purchased at all department stores. If you buy it by the yard it will be a good deal cheaper than ready-made towels. The hems should be put in by hand and many of you have a little spare time to do this.

In sending towels, aprons, dust cloths, chair covers and head covers to the laundry, count them and make two slips, one for the laundry bag and the other to check the laundry on its return. If you are short of anything or if there has been an overcharge, call the laundry office. For shortage call the Claim Department, for overcharge call the bookkeeper. Here is something also that might be a help: when you send the laundry to a new place and wish to have it charged, ask for a card.

This you fill out with name and address and two references. Mail card to the laundry and they will give it their attention.

Distilled water may be ordered and will be delivered not later than the following day. Electric light bulbs may be ordered from the office of the building and paid for with the rent. Soap, metal polish, Dutch cleanser, Bon Ami, etc., may be purchased from your druggist, together with carbolic acid, alcohol, mixtures of iodines and other drugs.

Some of you have typewriters and know the things needed, such as ink, ribbons and oil. Most of you oil and clean the different parts, but when the machine is in need of a general overhauling, speak to the doctor about it and then phone for a man to estimate the cost of the work.

Orders placed in the city are usually over the phone, or the salesman may call. When giving an order over the phone, be sure you know the name of the article, manufacturer's name, the amount, and if it is something that you do not order frequently, look at it if possible so that you may describe it.

The men at the dental depots give this as their idea of efficiency in ordering supplies: to know what you are ordering, also the amount. If they do not carry the particular article you want, if you will allow them, they will be glad to order it for you. When ordering from out of town, be sure to get your order placed in plenty of time so that you will have a little time in case the mail is late or your order is misplaced.

Another thing is ordering teeth. If you have a model, take this with you. The man in charge of this department will be able to fit in the teeth with very little trouble. If you have no model and must ask for an assortment of teeth, as soon as you find the shade and size, kindly return it promptly, as it is necessary to break a number of sets to send an assortment. They are very anxious to please, but cannot give the service they want to give if we do not help.

Plaster, complaster, inlay and bridge investment, different kinds of cements, alloys, synthetics, ingots, clasp gold, some gold foil—all are very essential, so see that you have a supply at all times.

Cotton rolls, dental floss, sanitary cups, polishers and wood pegs are things that must be looked after frequently.

If you order supplies in large quantities you get a discount that will help a great deal to lessen the office expense. A deposit account is a very good thing; it means a saving and a convenience when ordering gold, or, in fact, anything.

We do not order many instruments except scalers for prophylaxis. These wear down on account of being sharpened and it is necessary to replace them before they are worn too much. See that the scalers are sharp at all times and ready for use.

The plating of instruments should be taken care of while the doctor is away for a few days. Watch and clean the burs. Do not let the supply get too low. The doctor will probably tell you the numbers he needs most, when ordering.

There are many things that I have not mentioned, but if you order everything in about this manner, I mean promptly, and do not allow yourself to be out of supplies at any time, I feel sure it will mean increased efficiency.

701 Hume-Mansur Bldg.

Clinics and Annual Dinner

OF

EDUCATIONAL AND EFFICIENCY SOCIETY FOR DENTAL ASSISTANTS, FIRST DISTRICT, NEW YORK

At the annual convention of the Dental Society of the State of New York held at the Hotel Commodore, New York City, during the week of May 7th, the Educational and Efficiency Society for Dental Assistants, First District, New York, on May 10th and 11th presented a group clinic in nine sections which was spoken of by those who attended as one of the outstanding features of the convention.

Each section was attractively equipped with the necessary outfit to demonstrate the duties of the dental assistant and the general ensemble was a very good representation of what should constitute a model modern dental office. A chairman was in charge of each division with two or more assistants and the entire group was under the supervision of a general director and assistant.

In the secretarial division there were demonstrated a number of record and chart systems, follow-up systems, filing and accounting methods, appointment cards, courtesy cards, daily schedules, correct stationery, magazine binders, telephone indexes and records, trial balances and inventories, business and office management, collections, etc. These, with the equipment of a complete business office, were very interesting.

In the operating room section was exhibited and demonstrated a number of hand-made accessories devised by the dental assistant for efficient service to and comfort of the patient and assistance to the doctor. Bibulous sponges and swabs, cotton sponges and applicators, gauze dressings and pads, prepared sutures, lubricated strips, instrument wraps, surgical glove cases, aprons, headrest covers, etc., were shown. Chair assistance, mixing of alloys, cements, synthetic porce-

lain, care of medicaments, preparation of local and general anesthetics, first aid, in fact all the details of operating room assistance in a fully equipped operating room were demonstrated.

The sterilization section demonstrated thermal, therapeutic and mechanical methods of sterilization for operative and surgical instruments, the care and polishing of instruments, handpieces, appliances, and their sterilization, also scientific bacteria-destroying agents. Formulæ for solutions were available to those interested in the care of the hands, linen, etc.

In the orthodonist's assistant section was shown the technique of piecing impressions, pouring models, and the various steps to the finished model, also incidentals helpful to soldering bands and other procedure, record charts, impression-drying trays, special bibs used when taking plaster impressions, etc.

For root canal therapy assistants were shown the care and sterilization of the instruments used and special instrument wraps devised to hold everything needed in each operation.

In the roentgenogram section were shown the primitive "muff" used as a dark room and the up-to-date dark room procedure and equipment, the developing and mounting of pictures, time-solutions, tanks, clips, drying screens, filing systems, etc., and the care of the necessary equipment.

The laboratory division was in three sections, one demonstrating the care and piecing together of plaster impressions; the pouring of models in stone and plaster and their mounting and articulating; the staining of teeth for artistic and correct restoration; the repairing of vulcanite dentures, etc. Another section took charge of the gold casting of inlays, direct and indirect, clasps, bridges, crowns, etc., and the third demonstrated the making of the Stevens movable removable bridge with laminiferous clasps from the model to completed bridge, also wax carvings of tooth forms.

For the first time in the history of New York dentistry the dental assistant was afforded the opportunity of demonstrating the possibilities of assistance to the doctor and patient by the trained, efficient dental assistant. On all sides were heard exclamations of surprise and commendation. It is not possible to give the names of those registering their enthusiasm and satisfaction, but a few of the remarks were as follows: By a dentist of National prominence, "Well, this is great!! I wish the American Dental Association could have a clinic like this one at the meeting in Cleveland; it would be an eye-opener to the dental profession at large as to the value of an efficient dental assistant. New York is to be heartily congratulated." . . . By Doctor ——— of Rochester, "I have two competent young women in my office, but I wish I had known of this clinic. I would have had them attend;

there are many things here of value to them." . . . By a prominent dentist from Chicago, "What a fine group of young women! Are they all college-bred? They certainly know their subjects. I am taking home a lot of new ideas from here for my office and my assistant." . . . By Doctor ——— of Syracuse, "This is the best ever, I really am interested. The secretarial division has shown me where I can greatly improve my method of record-keeping and collections. That alone is worth to me the price of my trip to New York." . . . By another prominent Rochester practitioner, "This is well worth while. Every dentist at this convention should take it in. Where do the assistants get those natty uniforms? Do they all wear caps here in New York? I like the professional touch of a spotless uniform. It was the first thing I noticed as I came into the room."

One of New York City's most prominent practitioners said he was taking from the clinic four new ideas invaluable to his practice. Another, a well known oral surgeon, was loud in his praises of the accessories made by the assistants for surgical assistance and marveled at the ingenuity displayed. On all sides was heard the question, "Why can we not have something like this at *our* State meeting?" Question succeeded question, also expressions of surprise and enthusiasm, and when at 5:30 P. M. on Friday the signal was given for the closing of the clinics visitors were still crowding in and at the sound of the final order, "ALL OUT," one of the clinicians was still trying to show one group of interested "up-State" dentists what an assistant could really do in a dental office, although all of her equipment had been removed.

The enthusiasm was not all centered on the dentists, for the members of the Society are already planning for the "next time" when they are going to demonstrate a bigger and better group clinic.

On May 8th, at 7:30 P. M., in the West Ballroom of the Hotel Commodore was held the Second Annual Dinner of the Society. About one hundred and twenty-five attended and it was voted a great success by all those present. The following is a brief resumé of the program.

Following an address of greeting by the president, Juliette A. Southard, the toastmaster of the evening, Helen N. Johnson, introduced the guests of honor, each of whom made a brief but timely address. Dr. Otto U. King, Secretary of the American Dental Association, Dr. Harvey J. Burkhart, Member of the Board of Trustees of the American Dental Association, Dr. Albert W. Twiggar, President of the New York State Dental Society, Dr. L. M. Waugh, Past President of the New York State Dental Society, Dr. Charles Faupel, President of the New Jersey State Dental Society. A letter of regret

was read from Dr. James P. Buckley, President of the American Dental Association, Mrs. Thomas W. Slack, President of the New York City Federation of Women's Clubs, and the Hon. Frances M. Brandon, Assistant Corporation Counsel of the City of New York, gave very interesting addresses. Miss Lillian Morlang and Mr. John Tucillo rendered soprano and tenor solos to the great enjoyment of those present.

Among the invited guests of the Society were Drs. Wm. A. Giffen, President-elect of the American Dental Association, Stephen Palmer, Chairman of the Clinic Committee of the New York State Dental Society, John L. Peters, President of the First District Dental Society, C. M. Norcom, President of the Second District Dental Society, Alfred Walker, Wm. Dwight Tracy, Henry C. Ferris, H. L. Wheeler, F. L. Stanton, Henry Fowler, Waldo S. Mork, George Wood Clapp, E. C. Tillman, A. L. Greenfield, F. Simonson and Mr. J. C. Forstbauer.

Tact In the Reception Room*

By Mayme McQuaid, South Bend, Ind.

The subject originally assigned, and that appearing on the program as "Tact in the Reception Room," was later changed to include the actual daily duties of the real dental assistant, her relations to the dentist and his patient and just what she can mean to both.

One of the big elements in building up a business is favorable impressions. The merchant builds his business largely on the display of goods and advertising. The professional man builds on service plus tact in his office. Therefore, favorable impressions mean as much to the professional man as a full-page advertisement in a Sunday paper does to the merchant. First impressions are usually lasting ones. That is one of the reasons why the dentist of today furnishes his office harmoniously, giving every detail the greatest consideration. He knows that soft lights over well selected furniture give an impression of restfulness. He knows the value of good pictures that will bear more than a passing glance, that a few magazines of current date are preferable to a conglomeration of reading matter, that flowers in season and the very acceptable substitutes to be had in the artificial varieties add attractiveness, that correct hangings of material that can be easily laundered are to be given preference. The old-time haphazard equipment and reception room furniture are things of the past and with them passed the office girl who occupied the choicest chair therein.

The demand today is for modern outfits, cleanliness and service.

*Read before the Indiana State Association of Dental Assistants, May 15, 1923.

Therefore, the dentist's office should be furnished as attractively as his means will permit, not elaborately but just simply and cosily. It must be clean, orderly and well ventilated. If artificial light is used it must be adjusted to be most effective. Soft, mellow lights from floor, table or side-wall lamps are best on bright days, and bright ceiling lights on dull, dark days will dispel the gloom. The entire suite should be aired thoroughly in the morning, at noon and as often as an opportunity presents itself during office hours.

The odor of drugs used in the dentist's practice, when combined with fumes of the laboratory smoke, is very oppressive, but the deodorizing sprays on the market are great helps in overcoming this necessary evil. A small "No Smoking" sign would be permissible in the reception room.

The outside door should be equipped with an announcing device connecting the inner office so that when any one enters the assistant may wait on him promptly. All salesmen, agents and solicitors should be treated with courtesy. Inquire the nature of their business and inform the doctor. If he is interested he will give them an interview; if not, tell them that the doctor is busy and, further, is not interested in their proposition. If they are good business men they will appreciate not wasting any time and will know that the office is run on a business basis. There is a possibility of their being future patients.

The assistant's personal appearance and manners should be in keeping with the office. Hair should be neatly dressed, hands and nails well kept, and she should wear spotless uniforms of a style most becoming to her. Refinement and reserve are the outward expressions of character by which a woman commands the respect of her employer, his patients and the general public with whom she comes in contact either in business or in social life.

The assistant's duties are many, aside from keeping the office clean and orderly. The operating room must be made ready for each patient, instruments sterilized, books posted, phones answered, appointments made, laboratory work and assisting the doctor at the chair must be taken care of, all of which are important, but in receiving the patients the assistant renders her first service to the dentist and the patient.

The professional man is a public servant. He cannot choose his clients or patients. He will have desirable and undesirable patronage; therefore, there is no set rule of greeting that will apply to all. The assistant will study each patient and meet him individually. Always be courteous and avoid loud talking and laughter, as the patient in the chair may be very sensitive and all sounds are exaggerated and annoying.

The transient patients who come to the office without appointment may have been referred by a mutual friend or may have seen the

dentist's name on the directory as they entered the building. They are usually suffering, would like to see the doctor right away. How confident they feel when they enter a well-furnished, clean, well-lighted and well-ventilated reception room and a neatly uniformed assistant approaches and softly inquires their name and address, assists in removing their wraps and making them comfortable, assures them the doctor will see them in a short time and then leaves them to inform the doctor that they are waiting! They adjust themselves to the surroundings and are content to wait. They feel that they are in the right place because everything has been provided for their comfort. It might be possible for the doctor to retire the patient in the chair while waiting for anesthesia, cement to set or filling to crystallize. In that event the assistant will admit the waiting patient with the understanding that the doctor will give him just a few moments of the present patient's time in order to relieve his suffering. When the doctor dismisses him from the chair the assistant will collect the fee and give him an appointment. Never discuss what kind of work should be done or undone or fees charged. In answer to inquiries, tell them the doctor will outline the treatment, advise the best work for them and give them an estimate at their next appointment. Never condemn another man's work; it is very unprofessional.

For the patient who calls on the phone for prophylaxis or examination, time must be reserved. Inquire his name, recording same in the appointment book. When the patient arrives, address him by his surname. Tell him the doctor is busy at present, but will see him presently. Supply him with a magazine or the latest edition of the daily paper. Immediately announce a waiting patient to the doctor. When he knows a patient is waiting he will, if possible, complete the operation in short time.

It is not good practice to keep patients waiting even if you have a comfortable waiting room, because invariably they have left duties undone in order to be punctual. If not seen promptly, they may take advantage of fifteen or twenty minutes on their next appointment, thereby upsetting the routine of the entire day. The regular patients who come back year after year naturally feel a freedom in the office and for them a formal greeting would be out of place. A cordial greeting makes them feel welcome and shows you appreciate their patronage.

The foreign-born patients who come to the dentist after weeks of enduring pain are fearful and skeptical. They have never had much dental service. The assistant should make a special effort to be kind and patient, to win their confidence by gentle words and actions. When they have been rendered a real service, they are very grateful, they

keep their appointments, pay promptly and bring not only their relatives but their neighbors and friends.

Child patients, usually accompanied by parent or some member of the family, are our greatest problems. They have heard all about the hurts, the terrible drill and awful forceps. They come in holding their breath in fear of what's going to happen to them when they get inside. The assistant will inquire their Christian name and address them by same and bring out the supply of picture books which the doctor keeps just for his little folk patients. Never talk about their teeth. They will forget their mission when they get interested in the books. By the time they are admitted to the operating room they will begin to think the dentist's office is not such an awful place after all. In the operating room the elevation of the chair, the unit, etc., will attract their attention and in a few moments the doctor by tact has won their confidence. Their future appointments will be looked forward to with pleasure rather than fear.

The children of today are our future men and women. Child-impressions will never be forgotten. Our parents tell of the dentist's office they visited as children. It has been a nightmare to them all their lives. "The office we visited is fresh in our memory with the office girl rocking to and fro, reading a book and not interested in our aches or pains or comfort." The modern office and capable assistant make a lasting favorable impression on the little folks.

Conversation about personal subjects, such as politics, religion or family troubles, should be avoided by the assistant, as well as by the dentist.

A close check on supplies, linens and the patient who is to be called for an appointment will prove to the doctor that you are looking after his interests.

Statements should be rendered promptly on the first day of each month. Unpaid accounts should be followed up by reminders. Occasional suggestions to the dentist of changes to be made in the office are little things but are worth consideration.

The dentist who still employs an office girl cannot render his patient an efficient service. He will have to perform her duties in connection with operating at the chair. The more responsibility an assistant assumes the more valuable she becomes to the dentist and his patient.

The assistant should require that her employer address her by her surname. It is very unfair to any young lady to be met on the street or at a social gathering and be addressed by a patient as Jane or Betty or the girl in the dentist's office. How much more respectful the patients are when the doctor addresses his assistant as Miss Brown! They learn to know her as such and when they meet her or introduce her, it will be as Miss Brown in Dr. White's office. If Miss Brown

makes a favorable impression on the stranger, Dr. White will most likely have a new patient, whereas Jane or Betty or the girl in the dentist's office means nothing to anyone concerned.

It is an accomplishment to be able to remember names and faces. In our own lives how much more pleasant it is to shop in a store where the sales people address us by our surname! They remember the style or garment most suited to us or the articles in their department we are most partial to. They take an active interest in our wants and endeavor to please us. We will patronize that store and that sales person because she is efficient in the service she renders the merchant and his customers. While the dentist's patients seek his services, they will appreciate his employment of an assistant who will look after their interests and comforts.

The physician and surgeon would be handicapped without the assistance of a trained nurse. Gentle manners, feminine touches to the furnishings and cleanliness of an office cannot be accomplished by anyone not interested in her work. The real dental assistant loves her work, makes her office reflect her ideals, is admired by the patients, respected by the dentist, loved by little children and is a co-worker with the dentist in the service he renders suffering humanity.

606 Citizens Bank Bldg.

On to Cleveland—Sept. 10 to 14

EXTRACTIONS

No Literature can have a long continuance if not diversified with humor—ADDISON

The man who has discovered a ray that will annihilate gravity must be a comedian.

She (after a lover's quarrel)—You may return my letters.

He (an editor)—Did you enclose stamps?

Germany might stabilize her currency and make it useful by leaving it blank on one side to serve as a scratch pad or note paper.

The daughter of a strict old deacon had attended a dance the previous night, much against her father's wish. When she appeared for breakfast the next morning he greeted her with the words, "Good morning, daughter of Satan."

To which the girl respectfully replied, "Good morning, father."

(Thomas Cat)—I'd give my life for you, dear.

(Meow)—Cheap skate. It's nine lives or nothing.

A wag said, "my idea of tolerance de luxe, ad infinitum, ne plus ultra and e pluribus unum is this: A baseball game between the Ku Klux and the Knights of Columbus, with a negro umpire, and the proceeds of the game to go for the benefit of the Jewish Relief Fund."

(Mrs. Noah)—Noah, dear, what can be the matter with that camel?

(Noah)—I'll bet he has both the fleas on him.

There was a man who was fond of fishing, and who told big stories about the fish he caught. So big, in fact, that his friends refused to believe him. After this he bought a pair of scales, and insisted on his friends seeing the fish weighed on these scales, in order that there might be no doubt as to his veracity.

It happened one night that a baby arrived in the next house, and the doctor in charge sent over in haste to borrow the fisherman's scales, and was somewhat surprised to find that the baby weighed 47 pounds.

(Family Friend)—Really, Myrtle, does your mother approve of you wearing that bathing suit?

(Myrtle)—Oh, no. But please don't tell her. It belongs to her.

Arresting people in Salt Lake City for smoking in restaurants suggests that that is no place for a lady.

"Give an example of how circumstances alter cases."

"Milwaukee isn't famous any more."

(Old Uncle)—So your young wife is trying her hand at truck raising. Isn't she rather green at it?

(Hubby)—Green? Why, when someone told her that celery should be bleached, she went out and bought a bottle of peroxide.

A teacher asked one of her pupils to tell her how much was three times three.

"Nine," promptly answered one of the boys.

"That's pretty good, Johnny," said the teacher.

"Pretty good," repeated Johnny, scornfully. "I call it perfect."

Farmer Corntossel was about to make a visit to New York City. When boarding the train he asked the Pullman conductor if he could get a chair?

"Sorry, sir," said the conductor, "I have no chair but I can let you have a drawing room."

"No," said the farmer, "that won't do, I can't draw."

The members of an Irish social organization were settling up their year's accounts, and agreed to give the secretary, who practically did most of the work, a cash present as a mark of appreciation. One member suggested that after paying all legitimate expenses that one-fourth of the money remaining be handed to the faithful official. Another member jumped up on hearing this and said, "Misther Chairman, one-fourth is not enough, and by golly I move that we double it and give him one-eighth of all that's left." It came pretty near going that way, too, until some one managed to explain the mystery of figures!

DIETETICS and HEALTH

The Simple Laws of Health

Good nutrition depends not alone on the amount of food eaten but on the kinds of food eaten. Keep the diet varied and, in especial, avoid any excess of sweets, meats, bread, potatoes and other starchy foods.

On the other hand, because of the vitamines they contain and for their favorable action on the eliminative organs, be sure to include in the diet fresh fruits and vegetables, particularly such leafy vegetables as lettuce, spinach and beet tops. Increase the consumption of fruits and vegetables and decrease the consumption of meats as age advances.

In general, decrease the food consumption during warm weather. At all times drink plenty of water, not less than eight glasses a day. Also make abundant use of water for cleansing purposes.

And don't forget to clean the teeth by brushing them at least twice daily, using a powder or paste recommended by your dentist. Visit the dentist every three or four months in order still further to protect yourself against tooth decay.

To impress upon you the importance of this protective measure (says a writer in the *Sun and Globe*), I would recall that dental disease directly and indirectly lowers the vitality and often paves the way for the development of serious maladies, such as chronic rheumatism, heart and kidney trouble, disease of the stomach and gall-bladder.

Exercise regularly, but not overstrenuously, in the open air. Especially after the age of 40 is the warning against overstrenuousness of exercise to be heeded. In choosing forms of exercise give preference to those which are personally most pleasurable, always avoiding, though, any tendency to overdo.

Remember, moreover, that if regularity of exercise is essential to health so is regularity of rest. Relax for a few minutes at frequent intervals during the day and give yourself an ample sleeping allowance. The sleep need differs with individuals, but most people require not less than eight hours sleep in every twenty-four. Children should have an even longer period of sleep.

When going to bed see to it that the bedroom is well ventilated. To sleep with windows open is to make sleep more than doubly con-

ducive to health. Well ventilated rooms should in fact be the rule, by day as well as by night.

In the matter of clothing, the hygienic requirement is for dress suitable to the season, but never unduly tight or unduly heavy. Tight and heavy clothing, besides directly affecting the health, unfavorably affects it indirectly through unfavorably influencing the posture.

A posture that is stooping or slouching is distinctly unhygienic. Stand and sit straight, the head well up, chest out, abdomen in, shoulders back. Walk largely on the balls of the feet, with the feet straight and turned out.

When tired, keep out of crowds so far as it is possible to do so. At all times give a wide berth to persons with the bad habit of coughing and spitting carelessly, and as a safeguard for other people avoid such a habit in yourself.

Cultivate emotional control at all times, but most of all when disease of any sort is epidemic. Refuse to yield to fear and worry, those prime psychic enemies of the human race. Be optimistic, remembering that cheerfulness promotes the functioning of the vital organs, while gloominess deranges their workings.

Be friendly, be honest and sincere, be enthusiastic. The gaining of such qualities reenforces the good effects of faithful observance of the laws of bodily hygiene, while failure to gain them may undo all the good to be obtained through such observance.

"Cures" in Olden Days

Your grandma knew the virtue of barks and roots and buds; if any ailment hurt you she gave you boneset suds; when grandpa's corns were sorest, or when he had the gout, she roamed the fields and forest for yarbs to knock them out. And in the gloomy attic dried weeds in bunches hung, to stifle pains rheumatic or heal the rusty lung. And now we smile at granny, and josh her ancient ways; the cures were most uncanny they used in olden days. Strange talk of microbes vicious, strange bunk concerning germs, the learned physicians dish us, in phosphorescent terms. All vain are mullein bitters, and useless tansy tea; we have to kill the critters that are too small to see. Of course old dames were silly to brew things in a crock, and climb the pastures hilly in search of yellow dock; in vain was their endeavor, in vain the cures they sprung; yet people lived forever when you and I were young. Filled up with yarbs and pine tea, the graybeards went their way, and when their years were ninety, they still were pitching hay. The old receipts we're burning, we know old ways were wrong, and yet, with all our learning, we do not live so long.

—Walt Mason.

FUTURE EVENTS

The members of THE FIRST DISTRICT DENTAL SOCIETY OF THE STATE OF NEW YORK extend to those Dentists contemplating a visit to New York City, following the meeting of the American Dental Association at Cleveland, a most cordial welcome. We wish to meet you and to entertain you.

If you are planning a trip to the Metropolis, register with the General Secretary, stating date when you expect to arrive.

MISS E. M. DAVIES, *General Secretary,*
250 West 57th St., New York City, N. Y., Room 2337.

The fall meeting of THE NEW YORK SOCIETY OF ORTHODONTISTS will be held Wednesday afternoon and evening, October 10th, 1923, at the Hotel Vanderbilt.

All ethical dentists interested in the practice of the specialty of Orthodontia are cordially invited.

(Signed) WM. C. FISHER, *Secretary.*

An executive session of the NORTHERN OHIO DENTAL ASSOCIATION was held on June 4th, 1923, at Cleveland, the regular general sessions having been canceled in favor of the annual meeting of the American Dental Association, booked for Cleveland, September 10-14, 1923.

The present officers of the Northern Ohio Dental Association were re-elected for 1924, and are as follows: Dr. J. V. Gentilly, President, Cleveland, Ohio; Dr. J. W. Hartshorn, Pres.-elect, Toledo, Ohio; Dr. E. S. Braithwaite, Secretary, Willard, Ohio; Dr. E. D. Phillips, Treasurer, Cleveland, Ohio.

Executive Committee: Dr. H. R. C. Wilson, Chairman, Cleveland, Ohio; Dr. L. E. Phelps, Publicity, Toledo, Ohio; Dr. Thos. J. Hill, Exhibits, Cleveland, Ohio.

E. S. BRAITHWAITE, *Secretary.*

The Fifth Annual Meeting of the AMERICAN ACADEMY OF APPLIED DENTAL SCIENCE, will be held in Cincinnati, Ohio, January 7th, 8th, and 9th, 1924.

All ethical Students of Progress in both the Dental and Medical professions are invited to attend these sessions.

National authorities will present at this meeting the last word on *Life Extension* through *Oralogy* (Health Dentistry).

For information write DR. E. F. FORESTER, 104 Bell Block, Cincinnati, Ohio.